

# Department of Speech, Language, and Hearing Sciences

## Speech-Language Pathology Clinic Manual

Auburn University Speech and Hearing Clinic

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[www.aushc.org](http://www.aushc.org)

This manual is intended for use by students who are enrolled in the graduate Speech-Language Pathology program at Auburn University.

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Please note the Contents of this Clinic Manual are subject to change.

## Section 1: General Information

### Department of Speech-Language and Hearing Sciences Information

#### Vision Statement:

The Auburn University Department of Speech, Language, and Hearing Sciences will distinguish itself by providing high-quality academic instruction, clinical experiences, and research activities for undergraduate, graduate, and doctoral students in the allied health fields of audiology and speech-language pathology. Our graduates will distinguish themselves by providing state-of-the-art, evidence-based clinical services to their communities, by achieving leadership positions in their professional and inter-professional organizations at local, state, regional, and/or national levels, and by sharing their Auburn traditions and standards with clinicians of the future.

#### Mission Statement:

Consistent with the mission statements of Auburn University and the College of Liberal Arts, the mission of the Department of Speech-Language and Hearing Sciences includes the areas of instruction, service, research, and outreach. The Department will provide high-quality services to its students through academic and clinical instruction, clients through clinical services and research, professionals through continuing education and research, and the community through civic engagement.

The Auburn University Speech and Hearing Clinic provides person-centered, evidence-based assessment and treatment and community outreach for persons of all ages. Experienced clinicians work alongside graduate students to evaluate hearing and communication skills and make individualized and meaningful recommendations.

### Auburn University Speech and Hearing Clinic Information

The Auburn University Speech and Hearing Clinic (AUSHC) is located in the first quadrant on the first floor of the Haley Center. The clinic is comprised of child and adult assessment and treatment rooms, observation areas, audiology testing suites, a clinic reception area and waiting room, research laboratories, faculty offices, an accessible bathroom, and a student clinician workroom. It houses the undergraduate in Speech, Language, and Hearing Sciences, Master of Science in Speech-Language Pathology, and the Doctorate of Audiology programs.

The AUSHC provides assessment and treatment services for children and adults with communication and/or hearing impairments. Clients are typically referred by physicians, healthcare agencies, school professionals, private practitioners, and by self-referral.

The following speech-language pathology diagnostic and treatment services are provided to adults and children:

- Auditory Processing Disorders Assessment and Treatment
- Aural Rehabilitation
- Articulation
- Alternative Augmentative Communication (AAC)
- Dialect-Accent Modification
- Dysphagia/Swallowing
- Feeding
- Expressive and Receptive Language (including Cognitive and Social)
- Fluency
- Hearing Screenings
- Literacy
- Voice and Upper Airway

Fees for clinical services vary and are dependent on the nature of the individual's disorder and the type of services rendered. A sliding fee schedule is used to determine the cost of services when applicable.

Services are available to persons of any age, gender, ethnicity, or religious affiliation. Children under 18 years of age must have the permission of their parent(s), legal guardian(s), or responsible agency to receive services.

The AUSHC is a Medicare/Medicaid provider. A physician referral is required to provide services to patients who have Medicare/Medicaid. If a patient does not want AUSHC to file his/her Medicare/Medicaid, he/she will be required to sign an Advanced Beneficiary Notice (ABN) prior to receiving services. The AUSHC follows the academic calendar for Auburn University.



## Certificate of Clinical Competency (CCC) Requirements

The American Speech-Language-Hearing Association (ASHA) issues Certificates of Clinical Competence to individuals who present evidence of their ability to provide independent clinical services to persons who have disorders of communication. Individuals who meet the standards specified by the Association's Council for Clinical Certification may be awarded a Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP).

- Individuals must meet specific requirements in academic preparation and clinical practicum and complete a Clinical Fellowship (CF).
- Applicants who apply for certification must successfully complete the Praxis Examination in speech-language pathology.
- Members and individuals who hold the CCC subscribe to a Code of Ethics incorporating the highest standards of integrity and ethical principles.

Please locate additional information at ASHA's website [www.asha.org](http://www.asha.org).

## State of Alabama Licensure Requirements

The Alabama Board of Examiners in Speech-Language Pathology requires a speech-language pathologist to hold a speech-language pathology license.

Clinical fellows employed in settings requiring state licensure must register their CF with the Board of Examiners for their respective state

To apply for an Alabama license in speech-language pathology, the following documentation is required:

- Official transcript with Masters in Speech-Language Pathology degree conferred
- Documentation of completion of a clinical practicum (clock hours)
- Documentation of a passing grade on the PRAXIS
- Copy of the Clinical Fellowship Report signed by the Clinical Fellow Supervisor

**OR**

- A copy of a Certificate of Clinical Competency and current ASHA Membership Card

Locate additional information for Alabama at their website <http://abespa.alabama.gov/> or call at

(334) 269-1434 or 1-800-219-8315.

Information on state licensure requirements for other states may be found on the [ASHA website](http://www.asha.org/advocacy/state/info/AL/).

At: <https://www.asha.org/advocacy/state/info/AL/>



## State of Alabama Teacher Certification Requirements

- In Alabama, a CCC and State License qualify you for employment in a Public School
- You may also apply for an Alabama Teacher Certification from the Alabama Board of Education

Information on state licensure requirements for other states may be found on the [ASHA website](#).

At: <https://www.asha.org/advocacy/state/info/AL/>

## CODE OF ETHICS

Students should be familiar with rules, regulations, and code of ethics established by state licensure laws and professional organizations. <http://www.asha.org/Code-of-Ethics/>

ALABAMA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY (ABESPA):

<http://abespa.alabama.gov/PDF/rules/RR2018.pdf>

## Professional Organizations

1. The National Student Speech-Language and Hearing Association (NSSLHA) is a pre-professional membership association for students interested in the study of communication sciences and disorders. Auburn University has a local chapter of NSSLHA with meetings open to all interested persons. Applications and additional information may be obtained from the NSSLHA Faculty Advisor in the Department of Speech, Language, and Hearing Sciences or by visiting [www.nsslha.org](http://www.nsslha.org).
2. The American Speech-Language-Hearing Association (ASHA) is the professional, scientific, and credentialing association for members and affiliates who are audiologists, speech-language pathologists, and speech, language, and hearing scientists. Further information may be located at [www.asha.org](http://www.asha.org) or by calling the ASHA Action Center at 1-800-638-8255.

ASHA requires that individuals who provide or supervise clinical services in speech-language pathology and audiology have the appropriate CCC.

Providers of services who have yet to obtain the CCC must be in the process of finalizing certification under appropriate supervision.



Individuals providing services who do not meet these requirements are in violation of the Code of Ethics.

3. The Speech and Hearing Association of Alabama (SHAA) is Alabama's state organization. Applications for membership may be obtained by visiting <https://www.alabamashaa.com> or calling (256) 325-8885. Benefits and requirements for membership are also located on the website.

## Section 2: Clinical Practicum Information

### Requirements for Participation in On-Campus Clinical Practicum

#### Acknowledgement of Risks

In order to participate in clinic in the Auburn University Department of Speech, Language, and Hearing Sciences; Master's in Speech-Language Pathology (SLP) program, you must sign the acknowledgement of risks. A copy of this agreement can be found in the Appendix of this manual and on the 7500 Canvas page.

#### Code of Conduct

In order to participate in classes and clinic in the Auburn University Master's in the SLP program, you must sign a code of conduct. A copy of this agreement can be found in the Appendix of this manual and on the 7500 Canvas page.

#### Observation Hours

It is a requirement for ASHA certification to have a total of 25 guided observation hours approved by an ASHA-certified clinician who has met the requirements for supervision. Proof of 25 observation hours must be submitted to the Speech-Language Pathology (SLP) Clinic Coordinator prior to working with patients in the AUSHC. These hours should represent a variety of clinical disorders, clients, and ages in speech pathology. If you cannot provide proof of 25 observation hours at the undergraduate level, you will be required to obtain 25 hours of observation prior to beginning clinical practicum.

#### Tuberculosis (TB) Skin Test

Depending on your site placement for off-campus practicum, a TB skin test may be required.

#### Background Check

You are required to complete a background check at the beginning of the Masters in SLP program and to upload onto CALIPSO. Criminal activity could result in the dismissal of the student from the Master's in SLP program.

#### Liability Insurance

Each student must purchase liability insurance through Auburn University. Currently, the cost is \$15 for the two years of the Masters in SLP program. Costs are subject to change without notice. A student may choose to purchase additional insurance;



however, this optional insurance is not be a replacement for the required coverage through Auburn University.

### CALIPSO (Clinical Assessment of Learning Inventory of Performance Streamlined Office Operations)

Prior to the start of clinical practicum in the fall semester of the first year of the program, each student will register as a Student User in the web-based program called CALIPSO (Clinical Assessment of Learning Inventory of Performance Streamlined Office Operations). There is a one-time cost for participation in CALIPSO. ASHA Clinical Practicum clock hours will be submitted, approved, calculated, and tracked in CALIPSO. Clock hours should be submitted in CALIPSO at the end of each week for supervisor approval.

### HIPAA Training

Students are required to complete online HIPAA training prior to orientation. During orientation in the fall semester of the first year of the program, each student will complete an additional mandatory HIPPA training. This training is required on an annual basis while enrolled in the program.

### COVID Vaccination Series

At this time, students are not required to be vaccinated to participate in clinic at AUSHC due to the Centers for Medicare & Medicaid Services (CMS) announcing that they have ended the COVID-19 vaccination mandate. Please note that this can change at any time and COVID vaccinations may still be required by some off-campus sites.

## Clinic Philosophy and Hours

Your clinical experiences at the AUSHC will be varied and the goal is to give you a diverse experience across ages and disorders. Student experiences will vary. Our goal is not to provide you with every type of disorder possible, but rather to teach you the academic and clinical skills that you will need in order to work productively in any setting. While at AUSHC, you will learn the critical thinking skills required to research any disorder with which you are presented. Simucase and other experiences will also be utilized to expand your knowledge and skills.

## Clinic Requirements Pertaining to Hours

In order to receive the ASHA required hours, it is important that you personally keep track of your ASHA hours earned on a regular basis; this means weekly, not just at the end of the semester. If your client consistently “no-shows” or cancels treatment sessions, you will not be receiving those hours. It is important you keep the clinic coordinator informed of clients that frequently no-show or cancel via Instant Message on Point and Click.

## Clinic Requirements

The following reminders should assist with a smoothly running clinic:

\*All students are responsible for complying with all requirements in the Clinic Manual. If you are uncertain of a requirement, please consult the Clinical Manual or a Clinical faculty member. The clinic manual is accessible on the Department Website (<https://www.cla.auburn.edu/speech-language-hearing-sciences/speech-language-pathology/>) and on Canvas.

\*Students are responsible for complying with all requirements in the Clinic Syllabus and additional responsibilities as notified via Canvas and/or email.

\*Students are responsible for checking their email daily and responding to all correspondence within a timely manner.

\*The clinic operates 5 days a week from 8:00 am to 5:00 pm. You are expected to be available Monday through Friday. We cannot accommodate commuting, work or childcare schedules. If you require a schedule modification due to medical issues, you must register with the Office of Accessibility. Modifications may delay your graduation. Expect to be available for clinic assignments beginning the first day of classes until the end of finals week.

## Clinical Course Work Requirements

All graduate students in Speech-Language Pathology are required to attend the 7500 clinical practicum class. Students will be expected to register and attend the course during every semester prior to the internship semester. While this course is designed to be informative and does not consist of examinations, your clinic grade will be partially dependent on attendance and participation in the course. SLHS 7800 is another mandatory course related to clinical activities. Enrollment in this course is required for the first 3 semesters of the program. There is not a set time for this course as it includes interprofessional experiences that are scheduled at different times.



**Guidelines for obtaining sufficient hours to meet ASHA and graduation requirements:**

**Targeted ASHA Hours per Semester**

Semester clock hour minimums (including Simulation hours):

|                                  |                               |
|----------------------------------|-------------------------------|
| <b>Fall Semester (1):</b>        | 30 hours (~ 3 hours per week) |
| <b>Spring Semester (1):</b>      | 80 hours (~7 hours per week)  |
| <b>Summer Semester (1):</b>      | 40 hours (~5 hours per week)  |
| <b>Fall Semester (2):</b>        | 56 hours (~4 hours per week)  |
| Total hours after Fall Semester: | 206 hours                     |
| <b>Spring Semester (2):</b>      | 200 hours                     |

**Student Off-Campus Protocol**

Every graduate student will be assigned to at least one part-time (assigned by External Placement Coordinator) and full-time internship (decision made in collaboration with External Placement Coordinator) site.

**Selection for part-time off-campus sites**

Student selection is made by all of the clinical faculty members (based primarily on KASA and hours needs). Clinical faculty will provide information pertaining to the students they have supervised. Academic faculty may also offer input for placements.

The external placement coordinator assigns students to off-campus sites based on their internship choice. If you are planning to complete an adult internship site, your part-time off-campus placement will likely be at a child site. If you are planning to complete a child internship site, every effort will be made to place you at an adult site for your part-time placement depending on availability of sites.

Off-campus placements are typically three times per week. You will need to provide your own transportation. Students may have up to a 70-mile (1 hour to 1.25 hour) commute from Auburn University for part-time off-campus placements.

**Internship Policies and Procedures (SLHS 7920):**

1. Students will arrange an initial meeting with the external placement coordinator (EPC) to discuss preferred setting and city that they would like to complete their internship. Do not contact sites unless you have been given permission to do so.
2. Sites with current agreements will be discussed and offered to students during initial individual meetings.



- a. If more than one student requests a site that has only one opening, the site will choose the student according to their requirements/preferences. If the site asks the EPC to choose, a committee composed of academic and clinical faculty will discuss and come to a consensus based on hours, KASAs and recommendations.
  - b. Students must register with the Office of Accessibility if any diagnoses or conditions would affect off-campus placements. Students must meet with the EPC as soon as possible upon admission to discuss accommodations. Any personal requests outside of registered accommodations will not be honored.
3. If there is not an established site and contract within the desired area, students will be given the opportunity to seek out up to 2 sites.
  - a. If an agreement cannot be reached by the designated time for the confirmation of placements, the student will select or be assigned a site that has agreed to take a student and has a current agreement with Auburn University.
  - b. If there are multiple students needing sites, once accepted the student will be given up to 1 week to accept or decline placement so that other students may have the opportunity.
4. All placements need to be confirmed by September 1<sup>st</sup>.
5. Dual sites will only be considered on an as-needed basis and are not encouraged.
6. Grades for the internship will be determined by your site supervisor (see CALIPSO for specific information on grading scale).
  - a. The EPC has the ability to deduct points if required information is not communicated based on lack of professional communication.
  - b. All deadlines for required documentation will be communicated through Canvas at the beginning of the internship.
  - c. Regardless of the final grade, you will not receive your confirmation of hours letter unless you have completed all required documentation.
7. Clinical faculty are not permitted to discuss information with parents or other family members.
8. Students are responsible for participating in an average week of work given the individual requirements of the site. Due to the nature of SLHS 7920 (5 credit hour course), students should seek to complete an average minimum of 20 hours of direct service provision per week. Regardless of hours earned, the placement is considered “full-time” and tuition costs are not negotiable.



## Student Clinician Responsibilities: Overview

### Prior to treatment and evaluation appointment, you should:

- Prepare and meet with your supervisor
- Watch video on VALT if available
- Be sure are familiar with both Point and Click (PNC) and VALT
- Check your assigned clinic time slot for client treatment and evaluation appointment(s). It is your responsibility to check Point and Click (PNC) for clients being scheduled or cancelled.

### Day of the appointment, you should:

- Dress appropriately (see Dress Code) for the appointment and wear your name tag.
- Arrive 20 minutes prior to your treatment sessions and 40 minutes prior to an evaluation to set up and determine if a golf cart ride is needed.
- Select your materials.
- Pick up client in golf cart from the parking garage as needed (be ready 30 minutes in advance for eval and 10 minutes for treatment).
- Meet the patient in the lobby when their color has turned to blue on PNC.
- Start the recording on VALT as needed.
- Check-out audio recorder as needed.

### After the appointment, you should:

- Escort your client out of the clinic via the front office. All clients must speak to someone through the window before leaving.
- Drive your client back to their car as needed.
- End recording on VALT and/or return audio recorder.
- Sanitize room.
- Sanitize materials and return them to their respective locations.
- Complete required documentation, for treatment sessions, complete the SOAP note within 48 hours and subsequent corrections within 24 hours of receiving edits.
- For evaluations, complete the first draft of the report and submit it to your supervision within 48 hours of the end of your appointment. This draft should be your best work and is what your clinic grade will be based on.
- Email supervisor when you have completed the first draft of evaluation and it is ready for review. Subsequent corrections are due within 24 hours of receiving edits.
- Place any PHI (e.g., test results/paperwork), in your supervisor's file folder in the clinicians' room.



## Speech-Language Pathology Clinic Policies

### PROFESSIONAL CONDUCT

1. This is a professional training program. Behavior and dress appropriate to a professional setting will be maintained. Clinicians will wear scrubs or professional dress and name tag when serving patients, unless otherwise directed by a supervisor.
2. Patient records are CONFIDENTIAL. Information contained therein should not be discussed outside the clinic or in front of patients or other individuals in the clinic who are not directly involved with the patient. All personal, as well as professional conversations, should be held in the confines of an office, private zoom meeting with supervisor or other appropriate room (refer to Patient Confidentiality Policy).
3. Please respect the instructor's materials, books, etc., and do not use or remove them without permission. Do not interrupt if the clinical instructor is obviously in conference with a patient, fellow faculty member, or student.
4. Each student clinician must obtain professional liability insurance, HIPAA training, and a background check in order to participate in clinical practicum. Additional drug screens or background checks may be required by off-campus sites. Records will be uploaded onto the students' file in CALIPSO.
5. Do not interrupt the staff in the front office if they are discussing business with a staff member, faculty member, or patient.

### DEPARTMENTAL COMMUNICATION

1. Cell phones should be turned off during evaluations, treatment, classes, and conferences. Students should only use the clinic cell phone to call clients (check out from front office).
2. Most client documentation will be located on PNC. De-identified information such as a Lesson Plan or long-term graphing can be uploaded to the Box folder.
3. Printed documentation that needs to be submitted to a clinical faculty member, such as assessment forms should be placed in the faculty members' folder in the file cabinet in the locked student clinician room.
4. E-mail or Instant Message should be used to communicate with clinical faculty or students.
5. If you need an item printed in color for your client, email your supervisor 48 hours in advance.



6. The printer in the clinician's room should be used for clinic purposes only and can only print in black and white.

## CLINIC ASSIGNMENTS

1. Clinicians should check the Speech-Language Pathology Schedule in Point and Click (PNC) daily for clinic assignments and pertinent information.
2. At the end of each semester, students taking courses outside of the regular sequence should alert the Clinic Coordinator to the class time via email. These schedules are used to determine clinic assignments for the following semester.
3. Students should notify the clinic coordinator of any changes in their schedule or the client's schedule.
4. Unless otherwise specified, the clinic operates from the first day of classes until the last day of finals. Students can be assigned responsibilities beginning the first day of classes and ending the last day of finals. If students have assignments and have made other plans, there are deductions from the final clinic grade.

## CLINIC GUIDELINES

1. Students should update their contact information in CALIPSO at the beginning of each semester.
2. Cubbies in the Clinicians' Room are available for use of students enrolled in clinic. Department therapy materials may not be kept in cubbies but should be returned to the materials room after each use. Cubby assignments are posted in the clinician's room.
3. Clinic equipment and materials are available for student use as follows:
  - A. Students may use materials stored in the clinic. They must be cleaned following their use and returned to their proper place. Materials should not leave the clinic.
  - B. Each student is responsible for repair or replacement of damaged or lost equipment, materials and for books.
  - C. Students may only use University/Department approved audio recording devices. Students may not use their own recorders. Recorders are kept in Mrs. Piazza's office.
  - D. You will be responsible for cleaning the general clinic area at least once



per semester. This will be posted on the 7500 Canvas page.

4. The client's appointment color will turn to blue when they are ready to be seen for their appointment.
5. You should contact the front office to determine if your client needs to be picked up from the parking garage in the golf cart (check when color is pink). Let your supervisor know if you are unable to pick up your client due to another clinic responsibility.
6. Clients must be escorted to the front office window when their appointment has concluded.
7. Clinicians receiving a practicum grade of "D" or lower will not have their practicum hours signed, and will not receive clock hours for that case or cases.
8. All requests for clinic changes (client time change, room change, etc.) should be sent in an Instant Message on PNC to the Clinic Coordinator and scheduling assistant.
9. If you need access to a room in the clinic to prepare for a session or do clinic-related work, please consult PNC to determine availability.
10. For answers to any questions not covered in the manual, contact the clinic coordinator, clinic director, or Department Chair.

## Specific Treatment Procedures

- A. Students should have access to Point and Click (PNC) via their cell phones and laptop.
- B. Students are responsible for checking the schedule daily for cancellations. When a new client is assigned during the semester, the clinician and supervisor will be notified via email or instant message. Students are required to contact the supervisor within 24 hours of the assignment in order to plan for the client.
- C. The clinician should consult the authorization to record form to determine if recordings can be made on VALT or audio recorder.
- D. The student may be responsible for contacting the client to confirm the



treatment time. The supervisor and scheduling assistant should be notified of any changes requested by the client. Requests to change time or day should be made via Instant Message on PNC. Refer to the client in terms of original day and time of treatment, supervisor and student clinician, then indicate the new day and time requested.

- E. Sessions can be scheduled for 30, 45 or 60 minutes. Consider a client a “no show” if they are 10 minutes late. It is ultimately the supervisor’s decision whether a client can be seen if arriving past this time. A bright pink indicates a “no show” on PNC.
- F. If a student cannot be present for a treatment or evaluation session due to a medical emergency, physician’s excused illness, contagious disease, or death in the immediate family, it is the student’s responsibility to immediately notify the supervisor and the substitute. Notify your supervisor (by email) and substitute (by phone) immediately.
- G. Students must have a substitute available to see the client if the student cannot attend the session. Ensure your client substitute is familiar with your client. Substitutes should be provided updated goals and materials regularly on the Box folder. As a substitute, you are responsible for being available and accessible during your scheduled times. Ensure the substitute spreadsheet is accurate and up to date at all times.
- H. Missed treatment sessions can be rescheduled with the approval of the supervisor. The clinic coordinator and scheduling assistant should be notified of the time change in IM.
- I. The clinic coordinator and scheduling assistant should be notified as soon as possible if your client consistently cancels or no shows consistently, requests a time change, or if the client is discharged from treatment.

## Treatment Documentation

### Intervention Plan/Plan of Care (POC)

The Intervention Plan is initiated on PNC prior to the first session to plan goals, cues, reinforcement, and activities. More specific client information used for educational purposes including materials and graphing should be uploaded to the Box Folder entitled “Session Plans.”

The goal must be a “SMART” goal, and you must indicate how you plan to measure progress. For example, progress can be measured in terms of:

- A specific number (The client will spontaneously produce 10 signs to request and label)



- A specific time (The client will spontaneously attend to an activity for 5 minutes)
- A specific percentage (The client will produce /k/ final imitatively in words with 90% accuracy)

The procedures must include a detailed plan for the session including:

- Materials to be used in therapy
- Detailed instructions on material implementation
- Cueing hierarchy
- Reinforcement

### Progress Notes/SOAP notes

Progress notes in the SOAP format are completed after every treatment session in Point and Click. Progress notes include detailed information on progress achieved for the treatment session. Progress notes are uniform across telepractice and face-to-face clients.

Progress/SOAP notes include:

- Time of the session-start and finish time with time divided per disorder area
- **Subjective:** Reported or observed information pertaining to the client's behavior
- **Objective:** Goals and data (progress made)
- **Assessment:** An analysis of treatment outcomes based on comparison with previous session, and a discussion of what worked and did not work in terms of cues and stimuli. The assessment should include:
  - Criteria met/not met
  - Compare to previous session. Progress increased or decreased from previous session and why
  - Quality of production
  - Client awareness of errors/ability to self-correct
  - Cues – Which cues assisted in production
  - Materials
- **Plan:** A detailed plan for the next treatment session. The plan is based on previous progress made and the assessment of progress made. Information in the plan for the next treatment session should include:
  - Change in goals; materials and targets; cues
  - Reinforcement
  - Home program
  - Date of next session



## SLHS 7500 Clinical Practicum – Protocol for First Meeting

Students typically have two meetings with their supervisor prior to seeing their client for the first time. The expectation for the first meeting is that you have reviewed your clients' information on PNC, watched a video on VALT if available and completed the initial meeting form.

### First Meeting

- I. Present client to supervisor
  - A. Disorder
  - B. Evaluation history
  - C. Treatment history
  - D. Current level of functioning
- II. Research Disorder
  - A. Characteristics of disorder
  - B. Compare possible treatment approaches
- III. Discuss treatment approaches you intend to use
  - A. Rationale (evidence-based)
  - B. Present possible procedures
- IV. Discuss possibility of evaluation
  - A. Type of testing needed
  - B. Possible evaluation tools
  - C. Possible evaluation procedures
- V. Problem-solve additional issues with supervisor, such as behavior management
- VI. Additional topics as assigned

### Second Meeting

- I. Research disorder – continued (textbook, internet, assigned readings)
  - A. Characteristics of disorder
  - B. Research possible treatment approaches
- II. Refine treatment goals and procedures
- III. Treatment procedures and rationale
  - A. Targets
  - B. Materials
  - C. Cuing Hierarchy
  - D. Reinforcements
  - E. Detailed Lesson Plan for the first day
  - F. Behavior management (use of sensory gym, as appropriate)
- IV. Additional topics as assigned by supervisor

-After the initial 2 meetings, you will be scheduled for a regular meeting time to discuss your clinical performance and the client on a weekly basis.

## Specific Evaluation Procedures

If you have been assigned an evaluation slot, it is your responsibility to determine when clients are scheduled and the presenting concern. Your responsibilities include:

### Scheduled evaluations

- A. Evaluations are scheduled up to one day in advance in order to give you time to consult with the supervisor and select an assessment tool.
- B. An evaluation may be scheduled on the day of your scheduled evaluation slot if a similar client (for which you have already prepared) has canceled. Any new client will be scheduled by 8:00 a.m. the day of the evaluation.

### Verifying evaluations

- A. Consult Point and Click (PNC) on a regular basis to determine if you have an evaluation scheduled for the week. Be sure to consult PNC at 5:00 pm the evening before your scheduled diagnostic slot.
- B. Client information can be obtained from the client's electronic file on PNC. Information will include the client's name, age and contact information. A brief description of the problem may also be included. It is your responsibility to contact the client to determine concerns and to remind them of the evaluation time (using the clinic phone).
- C. Meet with your supervisor to discuss the evaluation plan. If your client is scheduled after your regular supervisor meeting time, be sure to consult with your supervisor to outline diagnostic procedures. It is your responsibility to brainstorm assessment tools, agenda of the evaluation, and case history questions with your partner BEFORE your supervisor meeting. The purpose of the meeting is to discuss your preliminary plan and questions about the standardized tests.

### Communicating with Clients

- A. Contact your client to confirm the appointment. Communicate that the clinic is in the heart of campus and that they should allow extra time to get parked and into the clinic prior to the start time of the appointment. Ask if they have mobility concerns and would like to be picked up in the golf cart.
- B. Ask if they have received the link to complete forms via the Practice Portal. If forms have not been completed and the link has expired (visible from registration page), please hit "send invitation." They need to complete the registration before the link expires in 5 days.
- C. When you contact your client, obtain any additional information you may need to prepare for the client.
- D. If you are unable to reach the client after several attempts, leave a message for the client indicating the day and time of the evaluation. Also leave the clinic phone number (334-844-9600). Make a note in the admin notes in PNC that you are attempting to confirm their appointment time.



- E. Schedule a hearing evaluation with your assigned audiologist via e-mail as soon as possible if the client requires a hearing screening. If your client has Medicaid, a hearing screening must be completed. Before scheduling a hearing screening, consult your supervisor to determine if you may screen the client using a portable audiometer. Clients seen upon referral from the Disability Determination Service (DDS) do not require a hearing screening. Clients who are 3 years of age and older should be able to be tested by the portable audiometer unless there are extenuating circumstances.

### Follow-up Procedures

- A. IM the Clinic Coordinator and Scheduling Assistant immediately after the evaluation to communicate the following: day and time of evaluation, Supervisor's Name, Client's desire for treatment, Client's Method of Payment, KASA Disorders to be targeted in treatment, days and times client is available for treatment.
- B. Each student on the eval team should score the tests and double check the scores. Once this has been done, email supervisor that the scores are ready to be checked. Email supervisor when draft of report is ready (within 48 business hours of evaluation).

## Assessment of Student Clinical Performance

Evaluation of student's clinical performance, for both evaluation and treatment will be completed on Calipso. See Calipso for complete evaluation Form.

<https://www.calipsoclient.com/auburn/account/login>

The rating scale for clinical performance is below. Each item is scored on a scale of 1-5:

**1.00 Early Emerging:** The clinical skill/behavior is early emerging and not evident most of the time. Student requires direct instruction to modify behavior and is unaware of need to change. Supervisor/clinical educator must model behavior and implement the skill required for client to receive optimal care. Supervisor/clinical educator provides numerous instructions and frequent modeling. Critical thinking/problem solving is early emerging. Student primarily observes and states facts. (Skill is present <25% of the time).

**2.00 Emerging:** Skill is emerging, but is inconsistent or inadequate. Student shows awareness of need to change behavior with supervisor/clinical educator input. Supervisor/clinical educator frequently provides instruction and support for all aspects of case management and services. Critical thinking/problem solving is emerging. The student is beginning to identify problems. (Skill is present 26-50% of the time).

**3.00 Approaching:** Skill is present and needs further development. Student is aware of the need to modify behavior, but does not make changes independently. Supervisor/clinical educator provides ongoing monitoring and feedback; focusing on increasing student's critical thinking on how/when to improve skill. Critical thinking/problem solving is developing. The student is identifying and analyzing problems and is beginning to reach conclusions. (Skill is present 51-75% of the time).

**4.00 Developing:** Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in the session, and can self-evaluate. Supervisor/clinical educator acts as a collaborator to plan and suggest possible alternatives. Critical thinking/problem solving is refining. The student analyzes problems and more consistently reaches appropriate conclusions. (Skill is present 76-90% of the time).

**5.00 Independent:** Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem solver. Student can maintain skills with other clients, and in other settings, when appropriate. Supervisor/clinical educator serves as consultant in areas where the student has less experience. The supervisor provides guidance on ideas initiated by the student. Critical thinking/problem solving is independent. The student identifies and analyzes problems, reaches appropriate conclusions and adequately communicates to others. (Skill is present >90% of the time).

| Level 1                                           |   |      |    |      |
|---------------------------------------------------|---|------|----|------|
| SLHS 7500-1-Fa1   Fall, Yr 1 On Campus Practicum  |   |      |    |      |
| SLHS 7500-0-Sp1   Spring, Yr 1 Clinical Practicum |   |      |    |      |
| A                                                 | = | 3.25 | to | 5.00 |
| B                                                 | = | 2.25 | to | 3.24 |
| C                                                 | = | 1.75 | to | 2.24 |
| D/F                                               | = | 1.00 | to | 1.74 |

| Level 2                                           |   |      |    |      |
|---------------------------------------------------|---|------|----|------|
| SLHS 7500-1-Su1   Summer, Yr 1 Clinical Practicum |   |      |    |      |
| SLHS 7500-2-F1   Fall, Yr 2 Clinical Practicum    |   |      |    |      |
| A                                                 | = | 3.75 | to | 5.00 |
| B                                                 | = | 2.75 | to | 3.74 |
| C                                                 | = | 2.25 | to | 2.74 |
| D/F                                               | = | 1.00 | to | 2.24 |

| Level 3                    |   |      |    |      |
|----------------------------|---|------|----|------|
| SLHS 7920-Int   Internship |   |      |    |      |
| A                          | = | 4.25 | to | 5.00 |
| B                          | = | 3.25 | to | 4.24 |
| C                          | = | 2.75 | to | 3.24 |
| D/F                        | = | 1.00 | to | 2.74 |

Students must receive an average rating of a B in order to pass clinic, have a competency met and advance to the next level.

## Mid-semester and End of Semester Meetings

Although the evaluation of clinical skills is an ongoing process, your performance is more formally evaluated at mid-semester and at the final grading period. Each clinical supervisor who has supervised you that semester will provide input for overall strengths and to develop goals for improvement. At the end of the semester, you will meet with your supervisor(s) to discuss progress made on goals identified at mid-semester and to discuss current strengths and areas of growth. Supervisors also complete a "Performance Evaluation" at mid-semester. At the end of the semester, your supervisors

will complete a final “Performance Evaluation.” All grades on the final “Performance Evaluation” forms are weighted for hours for the final grade.

You may withdraw from this course (with a W on the transcript) by mid-semester, but withdrawal from this class will affect your progression through the SLP program and delay your graduation.

See Section 5 for [Student-At-Risk Protocol](#).

### Clinical Benchmarks for SLP Master’s Program

Standards (on CALIPSO and within 7500 syllabus) and benchmarks are closely related. Benchmarks provide measurable incremental goals to ensure students have met clinical standards and the expectations increase each semester. Benchmarks are used to determine if students are learning and applying knowledge and skills in a clinical environment. By mid-semester, the student will be informed as to their current level of assistance. If the student does not seem to be progressing toward the goals for the end of the semester, a remediation plan will be created. Student performance will be analyzed by a consensus of all supervisors. The specific details of remediation and the at-risk protocol are in the clinical manual. **Students who do not meet all benchmarks by the end of the fourth semester will not be able to advance to internship, and off-campus placements may be delayed by discretion of clinical faculty, thus delaying graduation.**

Expectations for each semester include that the student will:

- respond to supervisor correspondence and feedback
- ask questions and solicit supervisor input as needed
- interact in a respectful and professional manner with everyone
- adhere to all clinic policies including HIPAA
- be prepared and arrive early to set-up the session
- submit all documentation in a timely manner

By the end of first semester student will consistently (across 1-2 clinical assignments):

1. Plan session with moderate cueing
2. Implement intervention plan with minimal-moderate cueing
3. Collect data with minimal-moderate cueing
4. Consistently provides appropriate cueing with minimal-moderate cueing
5. Complete documentation with moderate cueing
6. Analyze data to make recommendations with moderate cueing
7. Modifies and adapts plan with moderate cueing



8. Interacts with clients and care partners in an engaging and professional manner with minimal cueing
9. Implements behavior management plan with moderate cueing
10. Educates client and care partner with moderate-maximum cueing

By the end of second semester student will consistently (across 4+ clinical assignments):

1. Plan session with minimal cueing
2. Implement intervention plan with minimal cueing
3. Collect data with minimal cueing
4. Consistently provides appropriate cueing with minimal cueing
5. Complete documentation with minimal-moderate cueing
6. Analyze data to make recommendations with moderate cueing
7. Modifies and adapts plan with minimal-moderate cueing
8. Interacts with clients and care partners in an engaging and professional manner with modified independence
9. Implements behavior management plan with minimal-moderate cueing
10. Educates client and care partner with moderate cueing

If a weekly evaluation slot was assigned, the following are benchmarks:

1. Select appropriate test with minimal cueing
2. Create case history questions with minimal-moderate cueing
3. Ask and respond to client and care partners during interviewing with moderate cueing
4. Administer test with minimal cueing
5. Score test with minimal cueing
6. Interpret test results with moderate cueing
7. Complete documentation with moderate cueing

By the end of third semester student will consistently (across 4+ clinical assignments):

1. Plan session with modified independence
2. Implement intervention plan independently
3. Collect data independently
4. Consistently provides appropriate cueing with minimal cueing
5. Create appropriate cueing hierarchy with minimal cueing
6. Complete documentation with minimal cueing
7. Analyze data to make recommendations with minimal cueing
8. Modifies and adapts plan with minimal cueing
9. Interacts with clients and care partners in an engaging and professional manner independently
10. Implements behavior management plan with minimal cueing
11. Educates client and care partner with minimal cueing

If a weekly evaluation slot was assigned, the following are benchmarks:

1. Select appropriate test with minimal cueing
2. Create case history questions with minimal-moderate cueing
3. Administer test with minimal cueing
4. Score test with minimal cueing
5. Interpret test results with moderate cueing
6. Complete documentation with moderate cueing

By the end of fourth semester student will consistently (across 4+ clinical assignments):

1. Plan session independently
2. Implement intervention plan independently
3. Collect data independently
4. Consistently provides appropriate cueing with modified independence
5. Create appropriate cueing hierarchy with modified independence
6. Complete documentation with minimal cueing
7. Analyze data to make recommendations with modified independence
8. Modifies and adapts plan with modified independence
9. Interacts with clients and care partners in an engaging and professional manner independently
10. Implements behavior management plan with modified independence
11. Educates client and care partner with moderate independence

### **Range of support/assistance**

Students are expected to progress from requiring significant support to less support during each semester of their training. Students should require no more than minimal cueing to progress to the internship during the final semester. If students are not at that level, they will be placed on a remediation plan until they reach the goal.

Independent=no supervisor input

Modified Independent=supervisor consults on occasion

Minimal cueing=supervisor provides average of 25% support

Moderate cueing=supervisor provides average of 50% support

Maximum cueing=supervisor provides average of 75% support

Dependent=student displays less than 25% of clinical skills

## Student Evaluation of Supervision and Teaching

Evaluation of clinical supervision is completed using a Qualtrics survey. This electronic survey will be emailed to by the department administrator. You should complete your evaluation without the presence of any instructor. Your responses will be returned to the department administrator, who prepares a de-identified summary of the responses and comments for each faculty member.

Questions on this survey can be seen below:

Please rate the following on a scale of 1 to 5 (excellent, very good, good, fair, poor) and provide examples or evidence for each rating.

1. Overall clinical instruction
2. Provision of consistent and timely verbal or written feedback
3. Encouragement of critical thinking and problem-solving
4. Support of clinical growth and understanding of clinical techniques and procedures

## Clinical Supervision Requirements

Clinical practicum hours must be supervised by individuals who hold a current CCC (Certificate of Clinical Competence) in the area in which the observation or practicum hours are being obtained. A minimum of 25% of total contact time with each client must be observed directly by the clinical supervisor; however, more supervision will be provided depending on which Practicum rotation is being completed. When seeing a Medicare client, CMS requires 100% supervision.



## Section 3: Documentation of Clinical Practicum Hours

### ASHA Clock Hours Requirements

According to the 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology, applicants for ASHA certification must complete a minimum of 400 hours of supervised clinical practicum sufficient in depth and breadth to achieve the knowledge and skills outcomes described in Standard V. Students shall participate in practicum only after they have had sufficient preparation to qualify for such experience. Up to 125 hours of graduate student supervised clinical practicum may be completed via telepractice.

Supervision must be sufficient to ensure the welfare of the patient and the student in accordance with the ASHA Code of Ethics. Students must obtain a variety of clinical practicum experiences in different work settings and with different populations so they can demonstrate skills across the scope of practice in speech-language pathology.

Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence. Supervision must be provided by individuals who hold the ASHA Certificate of Clinical Competence (CCC) in Speech-language Pathology, and State Licensure when applicable, and have 2 CEUs in the area of supervision.

The student must maintain documentation of time spent in supervised practicum, verified by the academic program in accordance with Standard V. Documentation of clinical clock hour experience records will be entered and maintained in Calipso (Clinical Assessment of Learning Inventory of Performance Streamlined Office Operations), a web-based application. Clock hours can be tracked, submitted, approved, and calculated within Calipso. The following procedures will be followed:

### DOCUMENTATION

1. Each student is responsible for recording and maintaining their diagnostic and evaluation hours. Hours should be submitted directly to the Clinical Clock Hour Experience Record in Calipso. SLP clinical instructors will approve the clinical practicum hours electronically. If off-campus, additional forms may be required.
2. Following graduation, a final record of hours obtained will be generated by Calipso. This will become part of the students' academic record.



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## Section 4: AUSHC Guidelines, Policies, and Procedures

### Privacy and Confidentiality Policies

#### Patient Confidentiality

You are bound to uphold ethical and legal obligations and guidelines regarding patient privacy and confidentiality. Students must always maintain professional boundaries within the school and in any assigned clinical experience. Students shall not communicate any information (via Social Media or otherwise) which would violate a clinician's ethical and legal obligations regarding patient privacy and confidentiality. See Appendix for more details.

#### Health Insurance Portability and Accountability Act (HIPAA)

You are required to complete training and abide by the health-information privacy requirements of the HIPAA. Violations of the privacy requirements of HIPAA will be subject to disciplinary actions as identified by the level of the violation identified in the department's HIPAA Disciplinary Action Committee using Guideline for Violations of HIPAA, up to and including dismissal from the program.

#### Clinical/Classroom Use of Personal Electronic Devices

The use of any personal electronic devices (including but not limited to cell phones, tablets, audio recording devices, and laptop computers) during a clinical or externship experience shall be restricted to use as a health care resource, patient resource, and reference usage only. Any other uses of such personal electronic devices during a clinical experience without prior approval from the clinical instructor, faculty or site supervisor is strictly prohibited.

#### Social Media Guidelines

Social media includes but is not limited to any online or electronic platform used for interactive, open or semi-open communication of any information by and between one end-user and other end-users (e.g., blogs, Instagram, Facebook, Twitter, Snapchat, YouTube, LinkedIn, Pinterest, email or text, etc.). Auburn University Department of Speech, Language, and Hearing Sciences (SLHS) students are responsible and accountable for any and all content (in any format) posted, transmitted, or communicated on, by or through any social media account associated with that SLHS student. There is the potential for misinterpretation of the relationship or the potential of sharing protected information via these social media sites. Relationships such as faculty-student, student-patient, supervisor-student, and staff-student merit close consideration of the implications and the nature of the social interaction as a student in the Speech, Language, and Hearing Sciences program. Students are reminded that they should have no expectation of privacy on social networking or AI sites. Students must also be aware that posting certain information is illegal and may violate federal law protecting personal health information (HIPAA). Violation may expose you to criminal and civil liability.

SLHS students are expected at all times to behave in a manner consistent with the standards set forth in the ASHA Code of Ethics. In addition, SLHS students who make



communications which are disparaging or critical of Auburn University, Auburn University SLHS students, faculty and staff, or any AU Speech and Hearing Clinic employee, or which are patently offensive to any reasonable person, shall be disciplined in accordance with applicable SLHS and Auburn University guidelines, e.g., <http://www.cla.auburn.edu/perspectives/cla-office-of-communications-marketing-resources/social-media-guidelines/>.

Professional communication requires that all student communication be in accordance with the AU SLHS guidelines, State of Alabama law, and Health Insurance Portability and Accountability (HIPAA) federal law. AU SLHS students are bound to uphold ethical and legal obligations and guidelines regarding patient privacy and confidentiality. Students must always maintain professional boundaries within the Department and in any assigned clinical experience. Students shall not communicate any information (via social media or otherwise) which violates the ASHA Code of Ethics, State of Alabama law regarding patient privacy and federal HIPAA law. The following is a list of examples of online behaviors that are considered violations of the social media guideline as they reflect unprofessional behavior and may constitute disciplinary action and/or dismissal from the program:

1. It is a HIPAA violation if you mention a patient with enough information that the person might be identified, even if you avoid personal health information (PHI). This includes posting of images. The consequences for violations are severe.
2. Posting on social media the names, negative comments, or criticisms of faculty, staff or any other clinical or university personnel. Making negative comments or criticisms about the facility or what is occurring in the Speech, Language, and Hearing Sciences Department, the Auburn University Speech & Hearing Clinic, or any other clinical site (off campus or fieldwork) at any time.
3. Display of language or photographs that imply disrespect for any individual or group because of, but not limited to, age, race, gender, ethnicity or sexual orientation. Posting of potentially inflammatory or unflattering material on another individual's website, e.g. on the "wall" of that individual's Facebook site.
4. Writing defamatory or degrading remarks that target any faculty, staff or student members of the Auburn University community. Remarks may be a violation of the code of ethics and professional behaviors guideline and may result in disciplinary action.
5. Asking your faculty, clinical instructors, clinical supervisors (on or off campus), or any university or clinical site employee to "friend" you on any social media while a student in the Auburn University Speech-Language and Hearing Sciences Department. This request puts Auburn University employees and yourself in an awkward situation with personal information about each other.
6. It would be inappropriate to ask or accept social media requests from clients or client caregivers or family members as long as the client is receiving services at the AUSHC or while you enrolled in the SLHS program.

Individuals should make every effort to present themselves in a mature, responsible, and professional manner while using social media. Discourse should always be civil and respectful.

The following is a list of professional relationship behaviors that are considered either violation of the ASHA Code of Ethics or potentially introduce the possible of violating State of Alabama or federal HIPAA law for protection of PHI.

1. It would be inappropriate to babysit or provide care for a client under your care.
2. Dating a client would violate the ASHA Code of Ethics. It would not be permissible to date a client or a caregiver/family member of a client of the AUSHC, off-site placement, or externship placement as long as you are enrolled in the program.
3. It is not appropriate to allow family or friends who are not currently students in the SLHS program to observe client care or documentation practices in the AUSHC or off-campus sites. For example, if a student clinician accesses the clinic computer lab to complete documentation after business hours, it would not be appropriate to have a friend or family member accompany them and potentially violate patient privacy.

## **Auburn University Speech and Hearing Clinic AI Usage Policy for Students**

**Effective Date:** July 1, 2025

The Auburn University Speech and Hearing Clinic and the Department of Speech, Language, and Hearing Sciences, as a part of Auburn University is committed to the responsible use of AI in academic, research, operational, and administrative settings. Although many AI tools are designed to improve productivity, performance, and efficiency in such settings, AI also can cause harm if utilized in an improper, unethical, unlawful, or unsecure way.

The University adheres to all applicable state, federal, and international laws regarding AI use, and the University is also committed to ethical, humane, and socially responsible use of AI tools and systems. Responsible use of AI incorporates principles of ethics, transparency and accountability, data privacy and security, fairness, and human-centered oversight.

**Applies To:** All students, faculty, and staff affiliated with Auburn University Speech and Hearing Clinic

**Rationale:** It is the intention of SLHS Faculty to teach students how to use AI as a tool that may be helpful in future practice. It is emphasized that students should develop critical thinking skills by only using AI as a resource and extreme care to be taken to avoid HIPAA violations and submitting work that is not accurate. AI is not being encouraged for use. This policy exists to provide clear guidance for when AI may be considered for use.

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### **1. Purpose**

The purpose of this policy is to establish guidelines for the ethical and secure use of artificial intelligence (AI) tools by students engaged in clinical documentation at the Auburn University Speech and Hearing Clinic and to ensure compliance with HIPAA and related health privacy regulations.

## 2. Definitions

- **Artificial intelligence (AI)** is technology that enables computers or machines to operate with varying levels of autonomy, exhibit adaptiveness after deployment, and infer from input received how to generate outputs such as predictions, content, recommendations, or decisions. AI may take the form of narrowly focused tools or be incorporated into larger systems.
- **User** is a person or entity that uses an AI tool or system for a University-affiliated purpose.
- **Protected Health Information (PHI):** Any individually identifiable health information, including but not limited to names, birthdates, addresses, medical record numbers, etc.

## 3. GUIDANCE BASED ON TYPE OF AI RISK

**Data Protection:** Many AI tools are designed to incorporate users' inputs for training and learning purposes. Data shared with these tools often cannot be considered protected.

**Personal Liability:** Users engaged in high-risk use of AI (defined below) may face personal or criminal liability in some circumstances. Further, some AI tools use "clickwrap" or "clickthrough" agreements to get users to accept policies and terms of service before using the tool. Individuals who accept clickthrough agreements without University approval may face personal liability for compliance with the terms and conditions.

**Privacy:** AI tools may not be designed to protect the privacy of confidential, proprietary, or otherwise sensitive information (PII, health information, ID numbers, financial information, etc.).

**Cybersecurity:** Any AI tool may itself serve as a vector for malware or other cybersecurity threats to users' systems, and standard risk mitigation practices should always be observed by users when using these tools on institutional systems.

**Accuracy:** AI tool output may not always produce accurate results. Users are always ultimately responsible for ensuring the accuracy of AI output.

**Bias:** AI tool output may unintentionally produce biased, discriminatory, offensive, or otherwise undesirable results. Users are always ultimately responsible for ensuring AI output is free from unlawful or unethical bias.

#### 4. Policy

##### A. Prohibited Use of PHI in AI Tools

- Students are strictly prohibited from inputting any PHI into AI tools.
- De-identified clinical data may only be used when fully anonymized.
- Google documents and Grammarly are strictly prohibited.

##### B. Permitted Use Cases

Students may consider use of AI tools only in the following circumstances:

| Situation                                      | Acceptable Prompt                                                                                           | Unacceptable Prompt                                                                                                                                                                            | Guideline                                                                                                                                     |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Grammar and language of clinical documentation | What is a professional way to say, “threw a fit”?                                                           | What is a more professional way to say, “Samuel Jacobs threw a fit?”                                                                                                                           | Enter small amounts of text to gain guidance for more professional writing style. Whole segments from clinical documentation are not allowed. |
| Generating clinical stimuli or materials       | Provide a 15-item word list that includes words a 3-year-old is familiar with that begin with the sound /s/ | Provide a 15-item word list that includes words a 6-year-old African American from an affluent home who lives in Auburn, Alabama should know. His name starts with T and so does his siblings. | Be specific and accurate in your prompt without using any PHI.                                                                                |
| Cueing                                         | What instructions can help a small child produce the sound /d/?                                             | How can I help Shawn say his first name?                                                                                                                                                       | Can be used to generate ideas for how to help someone achieve a certain target or how to elicit a certain behavior.                           |
| Case history questions                         | What questions can you ask an older adult who has had a stroke to find out more about their communication?  | What questions can you ask a 65-year-old man who has been diagnosed with dementia, CAD, and diabetes? His wife Janet will be present at his                                                    | Historically, considerable refinement of questions from AI has been needed to make suggested                                                  |



|               |                                                                                                                |                                                                                                                                                                                                                                     |                                                                                |
|---------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
|               |                                                                                                                | appointment at the AUSHC so please add questions for her also.                                                                                                                                                                      | questions relevant. Consider the patient and how the question may be received. |
| Home programs | Provide pictures for the following: little boy, dog, school building, park, Sonic, 20-year-old Caucasian lady. | Please include a home program for a client to improve articulation using the following words and names that are salient to them: Jose Matthews (name), Ogletree Elementary, Town Creek Park, Sonic, Fluffy (dog), Judy (therapist). | This may be useful for pictures, and you will need to add text later.          |

This is not an exhaustive list, and all include the provision that no PHI is ever entered into any platform except the EMR.

Prohibited uses include:

- Drafting, editing, or reviewing documentation that contains PHI.
- Using AI tools to make or suggest goals, summarize case history information, clinical diagnoses, treatment plans or analyze language samples.

#### **D. Accountability**

- Students are responsible for reviewing, validating, and editing any AI-generated content or information found on other internet searches to ensure accuracy.

#### **E. Violations**

- Violations of this policy, including unauthorized disclosure of PHI, will result in disciplinary actions aligning with the HIPAA policy and with University AI policies.\_\_\_\_\_

#### **4. Questions and Reporting**

Questions about this policy or reports of violations should be directed to the Clinic Director, Clinic Coordinator or the HIPAA Compliance Officer. It is expected that this policy will evolve as AI becomes more prevalent and knowledge increases.



## Infection Control Policies and Procedures

In the delivery of any health-related service, it is the health professional's responsibility to ensure the safety of all patients served. It is imperative that SLPs provide patients with diagnostic and treatment environments that are designed to minimize or eliminate the potential transmission of disease. SLPs must be diligent in their efforts for controlling the spread of infectious disease within the context of the entire clinical setting.

Since the practice of speech-language pathology involves and requires a notable degree of patient contact, patients and clinicians are exposed to an environment in which they may come into direct or indirect contact with multiple contaminated objects (e.g.: stroboscopes; laryngeal mirrors; un-sanitized tables), chairs, tables, toys and materials, etc.)

Contact transmission remains the most common means of cross-contamination and possible disease transmission (Kemp & Bankaitis, 2000). Contact transmission may occur when a clinician or the patient touches another individual or object. Using a toy that hasn't been cleaned may result in inadvertent cross-infection via contact transmission. In the event transmission occurs, microbes naturally seek entry into the body by traditional routes including natural orifices (nose, eye, and mouth) (Kemp, Roeser, Pearson, & Ballachanda, 1996).

The incidence of infectious diseases, such as coronavirus (COVID-19), cytomegalovirus (CMV), hepatitis B, herpes simplex, tuberculosis, influenza, and acquired immune deficiency syndrome (AIDS), are noteworthy. These diseases, in addition to other infections, are contagious and can be life-threatening. In light of the increased prevalence of infectious diseases and the expanded scopes of practice for speech-language pathology, infection control and prevention of disease transmission are important concerns for the practicing clinician.

Transmission of disease can occur through body fluids and/or air. The three major pathways for disease transmission are: (1) patient to clinician, (2) clinician to patient, and (3) patient to patient (McMillan and Willette, 1988). Pathways for transmission of microorganisms include: (1) direct contact between individuals, (2) indirect contacts through instruments, environmental surfaces, and (3) airborne contamination, such as sneezing or coughing (Ballachanda et al., 1996).

The Centers for Disease Control (CDC) have developed general infection control procedures to minimize the risk of patient acquisition of infection from transmission of an infectious agent from health-care workers to patients and from contact with contaminated devices, objects or surfaces. These procedures also protect workers from the risk of becoming infected.

The CDC recommend certain practices to prevent transmission of blood-borne pathogens. These precautions are methods of averting disease by preventing transfer of body fluids. Body fluids that may be contaminated include blood and blood products, semen, vaginal secretions, breast milk, cerebrospinal fluid, synovial fluid, amniotic fluid, pleural fluid, pericardial fluid, peritoneal fluid, mucous (ear drainage), and saliva.

Standard precautions include using hand hygiene and isolation precautions; wearing

personal protective equipment; and following appropriate procedures for needle and sharps safety and disposal, medical waste disposal, and sterilization of reusable equipment. Infection control programs can include routine preventive measures (handwashing, protective barriers, and immunizations) in addition to antimicrobial processes (cleaning, disinfection, and sterilization).

### Hand Washing

Hand hygiene is the most effective way to prevent infection and is considered the first line of defense against germs. Hand hygiene is important for the safety of health care workers and the patients they treat.

- Wash hands before and after each patient.
- Wash hands immediately if there is potential contamination with blood or body fluids containing visible blood.
- Wash hands after performing procedures, such as cerumen management, earmold impressions, and handling probe tips.
- Wash hands after removing gloves.

The prescribed hand-washing procedure is as follows:

- Moisten hands completely with water and scrub vigorously with a liquid antibacterial soap.
- Lather hands and wrists.
- Rub vigorously, interlacing fingers.
- Rinse thoroughly and dry hands with a paper towel.
- Use paper towel to turn off the water.
- If soap and water are not available, hand disinfectant can be used.

### Protective Barriers

Personal protective equipment includes facemasks, protective glasses, gloves, gowns, and other equipment used to provide a barrier of safety between the health care worker and the patient. At any time, PPE may be required by the AUSHC due to CDC guidelines or patient request.

Gloves should be worn when there is client contact or when handling an item, such as laryngeal mirrors, tongue-depressors, oral-motor feeding utensils or other item than may be contaminated with saliva, blood or body fluids. Gloves are available in the sanitizing room (1175).

- Do not touch papers, pens, or other materials while wearing gloves. Your gloved hand should only touch your client.
- Wash hands after removing gloves.
- Dispose of gloves in trash, unless contaminated with blood or other bodily fluids (e.g. vomit, urine, fecal matter).
- Gloves contaminated with blood should be placed in a small plastic bag and placed in the biohazard container in 1175.
- Other materials containing significant amounts of blood or other bloodily fluids should be disposed of in impermeable bags labeled with biohazard symbol.



These bags are available in the hearing aid office 1181 and also should be disposed of in the biohazard container in 1175.

- Change gloves after contact with each client.
- Do not wash or reuse gloves.

Removal and disposal of gloves should be as follows:

- Remove one glove so that it is inside-out when removed with fingertips from the other hand.
- Hold the removed glove that is inside-out in the non-gloved hand and use it to remove the remaining glove so that it is also inside-out and includes the first glove inside of it.
- Place used gloves in a plastic bag and dispose of in a covered waste can outside of the clinic room.

### Human Bite Procedure

When human bites that break skin occur, routine medical care (including assessment of tetanus vaccination status) should be implemented as soon as possible. Such bites frequently result in infection with organisms other than HIV and HBV. Students are responsible for determining if they wish to seek medical attention (see acknowledgment of risk).

If a student clinician is bitten:

1. Wash the injury with soap and water
2. Further clean/attend to injury and cover injury with bandage as appropriate
3. Contact immediate supervisor
4. Contact Clinic Coordinator for incident report form
5. Complete Incident Report form and give to Clinic Coordinator (to file in student file)

### Handling of Contaminated Items

You may come into contact with consumable and non-consumable contaminated items. Consumable items include disposable gloves, tongue depressor and food. Non-consumable items include laryngeal mirrors and toys.

Disposal and decontamination of these items should be as follows:

- Consumable items that do not come in contact with body fluids or blood or body fluids contaminated with blood (fresh or dried), can be disposed of in a trashcan. Consumable items which have been in contact with body fluids should be placed in a plastic bag and disposed of in the biohazard container in 1175.
- Non-consumable items that do **not** come in contact with body fluids, blood, body fluids contaminated with blood (fresh or dried), should be disinfected, and sterilized or placed in the appropriate bin to be sterilized. Items which **have** been in contact with body fluids or blood should be discarded (if possible) or immediately sanitized. See your clinical supervisor for more information.
- You should notify a clinical faculty member or the front office staff whenever bodily fluids such as urine or vomit need to be removed and the area cleaned. The university facilities department will be notified and they will clean the area. The area should be vacated until cleaning is completed.



- Non-essential equipment, plastic toys, surfaces, doorknobs, chairs and tables should be cleaned after each patient using the spray provided in the sanitation room (1175). Sensitive equipment, such as audiometers, audio recorders, iPads, computers, etc. should not be sprayed. You should use a Clorox wipe to disinfect these items.

### Injuries and Illness

All students injured during SLHS sponsored activities should notify their immediate supervisor and complete the AUSHC Incident Report Form as soon as possible. The form will be uploaded to the student's electronic file. The student may also opt to complete the Incident Report form on the Risk Management Website if you will be seeking medical attention. This form should be completed as soon as possible after the incident has occurred. This form remains with Risk Management.

A clinician with exudative lesions or weeping dermatitis should not have direct patient contact. The clinician should notify the clinical supervisor immediately if such conditions are present.

You should not provide clinical services, if you have a body temperature of 99.5 degrees or more, if you have a bad cough, cold or other illness. You should cover your mouth with your elbow or tissue when coughing. If you have a concern about a contagious condition, you should contact your clinical supervisor or the SLP clinic coordinator.

### Oral Peripheral:

1. If visual inspection of oral mechanism reveals a sore of any type, consult with clinical supervisor before proceeding with oral peripheral examination.
2. Gloves should always be worn during an oral peripheral procedure.
3. Discard gloves after use with each client. Never re-use a pair of gloves.

### Oral-Motor Feeding:

1. Specialty feeding equipment (e.g., NUK Brushes, maroon spoons, ARK Grabbers, nosey cups), should not be shared amongst patients. Families may take the utensils home for practice and bring the utensils to their treatment sessions.
2. Plates, knives and other “sharable” feeding materials must be sanitized before and after each use. Use warm soapy water in room 1175.

In order to minimize the risk of transmission of disease, the following infection control and safety policies must be followed.

### Clinic Disinfection Procedures:

- a) Wash hands before and after every client.
- b) Rooms must be sprayed with EPA-Registered disinfectants immediately after **EVERY** patient and /or after use of student or faculty.
- c) Washable toys & materials must be cleaned after each session. Clean with Clorox wipes, or spray EPA-Registered disinfectants. Only toys & materials that can be thoroughly cleaned with Clorox wipes or EPA-Registered disinfectants can be washed. For example, plastic blocks and laminated cards may be used and thoroughly cleaned after each use.
- d) For iPads and computers, spray EPA disinfection spray on a paper towel and wipe or clean with Lysol spray.
- e) If using a portable audiometer, clean the outer portion of the audiometer and headset with Clorox wipes. Clean earmuffs with Audio Wipes (located in sanitizing room or ALD room). Return audiometers to the ALD room as soon as the session is finished.
- f) Students will be assigned clean up duty on a rotating basis.
- g) If a mask is worn in the clinic, it must be a 3-ply medical mask.



## Dress Code

During university enrollment and training programs, individuals transition from a student to a professional. Part of this transition involves learning how to dress for different roles you will fill during the training program, which may include, but not limited to, coursework in AU classrooms, and clinical experiences at the Auburn University Speech & Hearing Clinic, off-campus practicum sites, schools, hospitals, workshops, and professional meetings. The manner of dress, whether intended or not, can reflect the individual's level of competence, trustworthiness, dependability, and other desirable professional attributes. In addition, although one may contend that you are a student, you are a representative of the AUSHC, the department, and Auburn University to members of the general public, the University community, and other professionals.

The AUSHC maintains high professional standards at all times. Failure to comply with any of the rules of professionalism may result in a significant lowering of your practicum grade. While seeing clients, you should wear solid color navy, gray or black scrubs or professional dress. Approved Auburn University t-shirts or AUSHC shirts may be worn with scrub pants instead of a traditional scrub top. Dress shoes, boots, loafers, oxfords, clean sneakers or other close toed shoes should be worn in the clinic areas.

Students may also choose to wear professional dress instead of scrubs. Professional dress (business casual including jeans) does not include:

- Shorts of any kind.
- Skirts or dresses shorter than 2 inches above the knee when standing.
- Loungewear, including but not limited to athletic wear, sweatpants, yoga pants, pajamas, and work out shirts.
- Tank tops, halter tops, cut-out tops, or strapless tops.
- Tops that do not cover the chest or midriff.
- Pants that reveal undergarments or body parts typically covered by undergarments.
- Worn, frayed, stained, ripped or wrinkled clothing (including jeans).
- Severely worn footwear.

## Personal Hygiene

- Hair should be neat and clean and styled off the face and out of the eyes. When working with patients, hair longer than shoulder length may need to be secured.
- Beards and mustaches should be clean and well groomed.
- Due to allergies and sensitivities, strong cologne, perfume, or aftershave is not recommended in the clinic setting.
- Nails should be well groomed and of short to medium length to facilitate patient care activities.
- Jewelry and accessories should be non-distracting.



## Other Guidelines

- Student ID badges should be with you at all times in order to access some clinic spaces.
- Name badges should be worn at the chest pocket level when working with clients.

## Enforcement Standards:

Modifications to the dress code may be made at the discretion of the faculty, depending upon the needs and activities for a particular clinic case. Students inappropriately dressed or groomed may be dismissed from the 1100 quadrant. Students may forfeit clinic hours earned if dress code is violated when seeing clients. Repeated actions judged to be violations will be considered improper professional behavior and may result in disciplinary action.

## Absences and Cancellations

### Clinician Absence

Due to the intensity and sequence of courses and clinic placements in the SLP program, consistent attendance in classes and clinic is imperative.

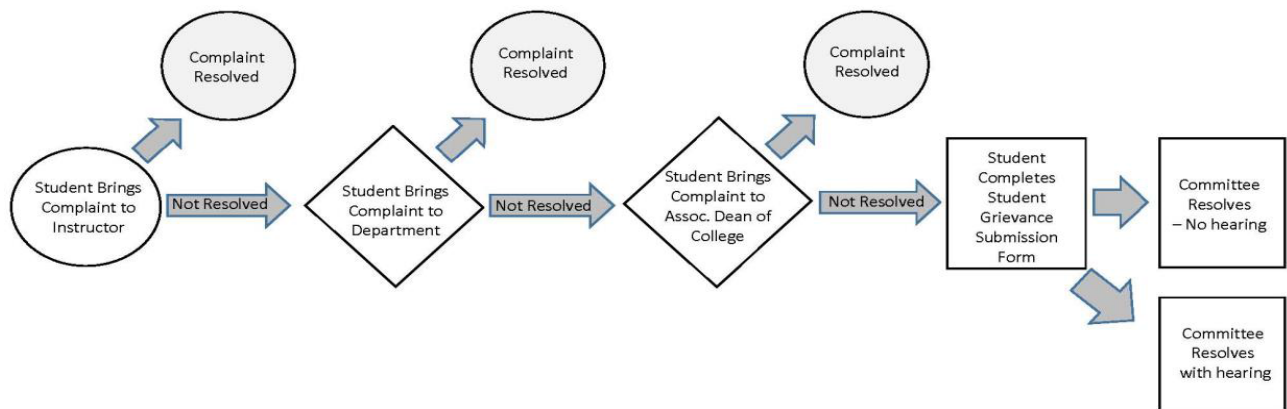
- **If you are sick**, you must inform your clinical supervisor and substitute as soon as possible. NOTE: If you have a fever of 99.5 or greater, you are required to stay home from clinic to avoid exposing faculty, fellow students, and patients to your illness.
- **If you want to attend a professional conference**, you must submit a request to all affected academic professors and clinical supervisors in writing at least 4 weeks before the conference. The faculty will review each request on an individual basis.
- **If you need to interview for internship placements**, make every attempt to schedule your interview at a time other than your assigned clinic appointment slots. However, if your site can only meet during your assigned clinic slot, you should submit a request to all affected academic professors and clinical supervisors in writing at least 4 weeks before the interview.

### Client Cancellation

- If your client cancels for the semester or will be absent for a prolonged period of time, notify your supervisor and the SLP Clinic Coordinator. A new client will be assigned as soon as possible.
- For evaluations, if you call a patient to remind him/her of their evaluation and he/she cancels the appointment, you should instruct clients or parents to call the AUSHC Clinic office (334) 844-9600 to cancel and reschedule the appointments. Inform your clinical supervisor and the front office staff as soon possible and another evaluation will be scheduled in that time slot depending on the timelines.
- Auburn University Speech and Hearing Clinic follows the calendar and hours of Auburn University.

## Student Grievance Policy

There may be times when you disagree with a faculty member or clinical supervisor to the extent that action must be taken to reach a resolution. The following procedures have been established to help guide students and faculty members in such instances:



See [Auburn's Website](#) for more information.

## Non-discrimination Policy

Auburn University is committed to providing a working and academic environment free from discrimination and harassment and to fostering a nurturing and vibrant community founded upon the fundamental dignity and worth of all its members.

In accordance with applicable federal law, Auburn University complies with all regulations regarding unlawful discrimination against or harassment of its students. Any form of discrimination or harassment related to a student's race, color, sex, religion, national origin, age, sexual orientation, or disability (protected classes) is a violation of University policy. This policy is intended to cover any prohibited harassment of or discrimination against a student by other students, employees, or University agents. This policy also covers harassment of students by non-employees on University property or while engaged in University sponsored activities, as well as discrimination against students by University contractors.

<https://auburnpub.cfmnetwork.com/B.aspx?BookId=12468&PageId=461699>

## Emergency Policies

The emergency notification systems on campus are in place to notify faculty, staff, and students of imminent and urgent situations that may affect the campus.

The following notification systems are in place:



- AU Alert is an emergency notification system that notifies faculty, staff, and students of critical information and situations affecting campus through the use of text messages, voice messages to multiple phone numbers, email, screen lock in on-campus computer labs and more. To get alerts on your mobile device, you can sign up at the [AU Alert website](#).
- Tone alert radios have been placed in all regularly occupied buildings on campus. The radios broadcast a warning tone and then specific information such as severe weather warnings or other emergencies on campus.
- Fire alarms are in place to notify building occupants of possible fire dangers in the building. If you hear the fire alarm, evacuate the building immediately.
- Outdoor warning sirens are in place around campus to alert people of severe weather. Once the sirens are activated, members of the campus community should seek shelter and tune to radios or television for updates and instructions. These sirens could also be used in the event of other emergencies. However, activation will still require seeking shelter from the outdoors. **NOTE: The Lee County Emergency Management Agency tests the outdoor tornado sirens every fourth Wednesday at noon.**
- NOAA weather radios are located in some buildings on campus. The NOAA weather alert radios receive information directly from the National Weather Service. This information includes current weather and also any issued watches or warnings.

### Severe Weather Protocol

- If you hear the weather siren or radio alerts, take shelter immediately in designated shelter locations. Sirens indicate that there is a tornado warning, and you should seek shelter immediately. Shelter locations within the clinic are clearly marked with white and green signs, and are identified on building diagrams in building-specific emergency plans. **Shelter areas are located in the 1100 quadrant, near 1139 and 1147. If you are working with a client, you should take them and anyone accompanying them with you.**
- If shelter is not available, move to the center and lowest point of your building.
- Stay away from windows and doors to prevent injury from glass or other flying objects.
- Cover your head with any heavy/bulky object to protect yourself.
- Do not go outdoors to see the storm. Trained storm spotters will be monitoring the situation.
- Report any injury/damage to the 911 dispatcher. Provide them as much information as possible to respond to the emergency.
- Once the storm has cleared, notify Public Safety & Security/Emergency Management at (334) 844-8888 of any damages or injuries.

### Active Shooter Protocol



**Secure your immediate area:**

- Lock/barricade doors. Ideally, you should choose a room with no door window and a push button lock. These include most faculty offices in the 1100 quadrant, 1118, audiology test suites 1183 and 1184, and 1194. If you cannot lock the door, bar it with furniture. Try to avoid rooms with observation windows.
- Turn off lights, radios, and computer monitors
- Block windows
- Keep yourself and other occupants calm, quiet, out of sight and take adequate cover/protection i.e. concrete walls, thick desks, filing cabinets.
- Silence cell phones

**Un-Securing an area:**

- Consider risks before un-securing rooms.
- Attempts to rescue people should only be attempted if it can be accomplished without further endangering the persons inside a secured area.
- If doubt exists for the safety of the individuals inside the room, the area should remain secured.

**Contacting Authorities:**

- Use Emergency 911
- 334-501-3100 Auburn Police (non-emergency line)

**Fire Alarm Protocol**

- Exit the clinic immediately
- Dial 911 as you are exiting to ensure that proper assistance has been summoned. Do not assume the fire alarm or others will notify the fire department. If there is critical equipment or experiments that need to be stabilized or shut down, this should only be done if it can be done quickly and without risking injury.
- Notify others around you as you leave. The fire alarm is difficult to hear in some labs, faculty offices, and the student clinicians' room. If you are with a client, take the client with you. You may have to assist them in exiting by pushing them to the exit in a rolling chair.
- Close doors as you leave to minimize the spread of fire.
- Gather at the nearest designated assembly area:
  - 2<sup>nd</sup> pavilion of the Tiger Transit
  - Front of Harrison School of Pharmacy Building

**Unconscious Person Procedures**

**If you find a person who is unconscious:**

- Call 911
- Send someone to get the AED from in front of the AU Bookstore
- If trained, administer CPR



AUBURN UNIVERSITY

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Detailed emergency plans for Haley Center and the Auburn University Speech and Hearing Clinic are located on the SLHS 7500 Canvas page.

## Section 5: Student-At-Risk Procedures

According to the Auburn University SLHS department policy, each student must successfully complete four semesters of SLHS 7500 Clinical Practicum. Students must obtain a grade of at least a B for all KASA Disorders (not cumulative) and meet all standards and benchmarks.

An SLP student *at-risk for inadequate clinical performance* protocol has been established to identify students with marginal clinical skills and areas of support and action to guide the student toward clinical independence. Below-average clinical skills should be identified early in the semester and efforts should be made to improve these skills as soon as possible.

Prior to or at the mid-semester meeting, the clinical faculty will provide feedback regarding the student clinician's performance in clinical practicum. The faculty members identify standards and skills from the Performance Evaluation form on CALIPSO. The student's progress toward benchmarks relative to the specific semester will be discussed.

A student is considered *at-risk for inadequate clinical performance*:

- performing below a B for any standard and KASA areas
- not adequately progressing toward clinical benchmarks and standards

The instructor notifies the student clinician in writing and indicates that the student has been identified as *at risk for inadequate clinical performance*.

### RESPONSIBILITIES AND ACTIONS AT MID-SEMESTER:

#### Student Clinician:

- **Self-evaluation.** The student will be asked to complete a self-evaluation form regarding clinical performance.
- **Clinical Remediation Plan.** The student clinician works with the clinical faculty to develop a remediation plan, which includes specific objectives to improve clinical skills and behaviors as identified on the Performance Evaluation (CALIPSO) and benchmark form. Goals will be composed and provided to the student. An additional copy will be signed by the supervisor, student, and third-party instructor to place in the student file.
- **Weekly progress meetings.** The student meets with the instructor on a weekly basis to discuss the student's clinical performance. The student will be expected to share their perspective on clinical progress.
- **Third-party clinical instructor meetings:** As needed, the student meets with the third party (designated) clinic instructor on a regular basis to discuss the student's progress toward achieving the specific objective(s).
- **Video Analysis:** (Optional) Treatment and/or evaluation sessions will be recorded and analyzed in order to verify objectives have been met. The clinical instructor and student will observe and analyze sessions to measure progress on goals. The designated third-party clinical instructor will participate as necessary.



- **Other:** Other assignments as specified by the instructor, such as extra readings, observing other cases, reflections, etc. may be required.

#### Clinical Instructor:

- **Student Notification.** A clinical faculty member notifies the student clinician in writing and/or verbally when the student's overall or projected mid-semester grade for clinical practicum is lower than a B or the student is not adequately progressing toward semester benchmarks.
- **Student Evaluation.** The clinical faculty evaluate the student's clinical performance, using the Auburn University Performance Evaluation Form (CALIPSO) and/or an additional tool.
- **Clinical Improvement Plan.** The clinical faculty assist the student in developing a Clinical Remediation Plan. The instructor will provide the plan to the student.
- **Weekly Meetings.** Assigned clinical faculty participate in weekly meetings with the student to discuss student's progress.
- **Record of Notification.** The designated clinic faculty member files a copy of the goals in the student's administrative file and notifies the Department Chair.

#### Third-Party Clinical Instructor:

- **Clinical Improvement Goals:** The clinical instructor will assist in goal development for clinical improvement and sign the Improvement Plan.
- **Weekly Meetings.** As requested, the clinical instructor participates in regular meetings with the student to discuss student's progress.
- **Additional Responsibilities:** As requested, the clinical instructor may observe the pre-evaluation or pre-treatment meetings, the clinical sessions, and the post-evaluation or post-treatment meetings; and provide other assistance.

#### Department Chair:

- **Student Notification.** The Department Chair notifies the student clinician in writing when the student's clinical performance will result in a delay in graduation. Such instances include: the student's overall final grade for clinical practicum is a D or lower, standards are not met, benchmarks are not met, or the student receives a C in clinical practicum for two semesters.

\*Additional responsibilities may be added or adjusted on an individual basis.

#### RESPONSIBILITIES AND ACTIONS AT END OF THE SEMESTER:

- If the student has met the standards and benchmarks and earned a grade of a B or higher, the student will proceed with the next appropriate clinical placement.

At the end of the semester, if a student earns a final grade of a C for any KASA/skill area



or does not meet a standard or benchmark during any of the first four semesters, the student is identified as *at-risk for inadequate clinical performance* and:

1. Will continue in the *at-risk for inadequate clinical performance* protocol the following semester.
2. Will enroll in SLHS 7500 the following semester.
3. May be assigned fewer hours depending on the situation. The student will receive KASA hours in the area in which difficulty has been reported.

If a student clinician earns a final grade of C or below or does not meet a specific standard or benchmark in two semesters of SLHS 7500, the student:

1. Will continue in the *at-risk for inadequate clinical performance* protocol the following semester.
2. Will enroll in SLHS 7500 the following semester.
3. May be assigned fewer hours depending on the situation. The student will be assigned KASA hours in the area in which difficulty has been reported.
4. Will enroll in an Independent Study (SLHS 7930) the following semester.
  - If the student earns a grade of B or higher and meets standards in both the Independent Study and SLHS 7500, the student will proceed with the next appropriate clinical placement.
  - If the student earns a grade of C and does not meet standards in the Independent Study (SLHS 7930), the student will repeat the Independent Study the following semester, which will delay graduation.
  - If the student earns a final grade of B or higher in the Independent Study (SLHS 7930) but a grade of C in SLHS 7500 (three successive semesters), the student will be counseled regarding his/her appropriateness and preparedness for the profession of speech-language pathology.

\*If the final grade for clinical practicum is a D (for any KASA or skill) or lower the student cannot be placed at an off-campus site and no ASHA hours will be earned for that semester. This will result in a minimum of one extra semester on campus and subsequently delay graduation.

\*If a student receives two grades of a C for clinical practicum, the student cannot be placed at an off-campus site and no ASHA hours will be earned for that semester in which the student received a second C in clinical practicum.

\*Graduation will be delayed if a student receives two Cs in SLHS 7500 or if the student receives a grade of D or lower in SLHS 7500.

\*If a student clinician earns a grade of D or below in any two semesters of SLHS 7500,

the student is deemed inappropriate and unprepared to practice as a speech-language pathologist and will be counseled from the program.

\*If a student clinician has not met all benchmarks and standards, they are not able to proceed with internship. They will be enrolled in 7500 again for on-campus clinic.

### SLHS 7930/Independent Study:

- An SLP faculty member will be appointed by the Department Chair as the faculty of record for the Independent Study.
- A committee (of two or three clinical and academic faculty) is appointed by the Department Chair and/or another clinical faculty member to oversee/supervise the Independent study.
- This committee meets to identify specific areas of concern based on the final assessment from the preceding semester and to plan the clinical experience.
- The committee will meet with the student regarding performance expectations; the nature of performance evaluation; and the roles and responsibilities of the student clinician and the instructors. A written summary is provided for all involved parties. A signed copy is placed in the student's file and uploaded to CALIPSO.

### SLHS 7920- Internship:

Prior to or at the mid-semester meeting, if the site supervisor presents concerns regarding the student clinician's performance in the clinical internship then the student will be placed on an At-Risk Program. The intern preceptor identifies standards and skills from the Performance Evaluation form uploaded on CALIPSO. *At-risk for inadequate clinical performance* is defined as performing at an average grade of 2.99 or below or not meeting standards for the SLHS 7920 course. The external placement coordinator notifies the student clinician in writing, indicating that the student has been identified as *at risk for inadequate clinical performance*.

### RESPONSIBILITIES AND ACTIONS AT MID-SEMESTER:

#### Student Clinician:

- **Self-evaluation.** The student may be asked to complete a self-evaluation form regarding clinical performance.
- **Clinical Remediation Plan.** The student clinician works with the clinical instructor and external placement coordinator to develop and sign a remediation improvement plan, which includes specific objectives to improve clinical skills and behaviors as identified on the Performance Evaluation form.
- **Meetings:** The student meets with the site supervisor on a regular basis (via telephone conference, Zoom or email) to discuss progress toward achieving the specific objective(s).



### External Placement Coordinator

- **Student Notification.** The external placement coordinator notifies the student in writing that the student will be placed on an At-Risk-Program.
- **Clinical Remediation Goals:** The external placement coordinator will develop and sign clinical improvement goals based on input from the site supervisor and the student.
- **Meetings:** As requested, the external placement coordinator will schedule weekly meetings (via email, phone or Zoom) with the student and the site supervisor to discuss the student's progress on the remediation plan.
- **Record of Notification.** The external placement coordinator files a copy of the written notification and goals in the student's administrative file and uploads to CALIPSO. The external placement coordinator will notify the Department Chair

### Site supervisor

- **Clinical Improvement Goals:** The site supervisor will be involved in development of the goals and sign the clinical remediation plan.
- **Meetings:** The site supervisor (via in person, email, phone or Zoom) will meet regularly with the student and the external placement coordinator to discuss the student's progress on the remediation plan.

### At the conclusion of the remediation period:

- If the student has met the standards and earned a grade of 3.0 (B) or higher (Satisfactory), the student will proceed to graduate.
- If a student clinician earns a final grade of C (2.99) or below or does not meet a specific standard in SLHS 7920, the student:
  - Will be placed in the *at-risk for inadequate clinical performance* protocol the following semester
  - Will re-enroll in SLHS 7920 the following semester
- A committee (of two or three clinical and academic faculty) is appointed by the external placement coordinator and/or department Chair to identify specific areas of concern based on the final assessment from the preceding semester and to plan the clinical experience.
- The committee will meet with the site supervisor (face to face or via email, phone or Zoom) to develop goals and outcome measures. The goals will be reviewed with the student.
- The external placement coordinator will meet with the site supervisor regarding performance expectations; the nature of performance evaluation; and the roles and responsibilities of the student clinician and the instructors. A written summary is provided for all involved parties. A signed copy is placed in the student's administrative file and CALIPSO.



- The external placement coordinator will hold regular conferences with the student and the site supervisor to monitor the student's progress. Communication will be face-to-face, Zoom, e-mail, or telephone conversations.

If a student clinician earns a grade of "U" *Unsatisfactory* (2.99 or lower) or does not meet a standard for the fifth semester (7920) the student will repeat the course, which will add another semester to the program, and delay graduation.

If a student clinician earns a grade of "U" *Unsatisfactory* (2.99 or lower) or does not meet a standard in any subsequent SLHS 7920 course, the student is deemed inappropriate and unprepared to practice as a speech-language pathologist and will be counseled from the program.

### Auburn University Speech & Hearing Clinic: Speech-Language Pathology Infection Control Policies and Procedures

In order to minimize the risk of transmission of disease, the following infection control and safety policies must be followed.

#### Clinic Disinfection Procedures:

- a) When cleaning materials and surfaces, use only EPA-Registered spray, Clorox bath or Clorox wipes. Use EPA-Registered sprays, Clorox wipes etc. as directed by manufacture. Supplies are available in the infection control room (1175). Wait time: Clorox 4 minutes, EPA spray 10 min.
- b) Wash hands before and after every client.
- c) Rooms must be sprayed with EPA-Registered disinfectants immediately after **EVERY** patient and /or after use of student or faculty.
- d) Washable toys & materials must be cleaned after each session. Clean with Clorox wipes, or spray EPA-Registered disinfectants. Only toys & materials that can be thoroughly cleaned with Clorox wipes or EPA-Registered disinfectants can be washed. For example, plastic blocks and laminated cards may be used and thoroughly cleaned after each use.
- e) For iPads and computers, spray EPA disinfection spray on a paper towel and wipe or clean with Lysol spray.
- f) If using a portable audiometer, clean the outer portion of the audiometer and headset with Clorox wipes. Clean earmuffs with Audio Wipes. Return audiometer to ALD room as soon as the session is finished.
- g) Students will be assigned clean up duty on a rotating basis.
- h) If a mask is worn in the clinic, it must be a 3-ply medical mask.



- i) Gloves may be worn during treatment and evaluation sessions as needed.
- j) Wash hands immediately after removing gloves.
- k) Sanitize and vacate the room immediately after your session has ended. You must sanitize the room if it was used for teletherapy prior to attending class.

## Appendix: Forms

You will be required to sign a form indicating the following:

### Acknowledgement of Risks Associated with Clinical Experiences

Clinical experiences for students are valuable practical learning experiences that occur in a variety of settings. It is important for students to understand and acknowledge the nature of clinical work, which is intended to provide students with various levels of hands-on experience working with a diverse client population. It is also important to acknowledge all of the risks inherent in the delivery of health-related services with notable degree of patient contact.

I, the undersigned, affirm that I have read the student clinic manual and understand the nature of clinical work involving regular engagement in on-site, in-person clinical activities.

\_\_\_\_\_ I acknowledge that there are certain risks inherent in my participation in clinical practicum, including, but not limited to, risks arising from:

- Driving to and from the clinical site
- Participation in clinical activities at the clinical site;
- Unpredictable or violent behavior of certain client populations;
- Exposure to infectious diseases, including tuberculosis or other airborne pathogens (e.g., COVID-19), and hepatitis, HIV or other bloodborne pathogens.

\_\_\_\_\_ In the event of sickness or injury in any clinical setting to which I may be assigned, working, or attending educational instruction or activity as an Auburn University student, I realize and agree that I am responsible for any and all costs related to the provision of medical care should I become injured or ill and for any and all costs should I choose to seek or be required to seek medical diagnostic testing or treatment.

\_\_\_\_\_ I acknowledge that I have been advised that health (medical and hospitalization) and accident insurance is required by many of the clinical agencies utilized in my program and that I must maintain current insurance and carry evidence of coverage at all times. Furthermore, I understand that I am responsible for all expenses associated with sickness or injury irrespective of insurance coverage or lack thereof.

\_\_\_\_\_ I acknowledge that all risks cannot be prevented even with the implementation of appropriate safety precautions and that the risks associated with clinical work could result in my bodily injury, up to and including death, and I agree to assume those risks. I agree that it is my responsibility to understand and follow University/clinical site policies and procedures designed to identify and control risks, including safety and



security procedures, infection control policies and bloodborne pathogen policies, and to obtain any immunizations that the University or practicum site may require. I represent that I am otherwise capable, with or without accommodation, to participate in clinical work.

\_\_\_\_\_ I certify that I understand and will follow safe practices as set by our state and federal government, Auburn University, the Department of Speech-Language and Hearing Sciences, and other clinical sites.

\_\_\_\_\_ I acknowledge that participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and in full knowledge of the inherent risks.

\_\_\_\_\_ I have fully informed myself of the contents of this affirmation by reading it before I signed it. I am legally competent to sign this affirmation and acknowledgement of risk. I assume my own responsibility of physical fitness and capability to perform the activities involved clinical experiences. I understand if I have any question as to whether a physical or medical condition would prevent my full participation in clinical work, I should approach the College of Liberal Arts Associate Dean of Academic Affairs, course faculty, or the Auburn University Office of Accessibility who will discuss possible accommodations.

## AUSHC Code of Conduct

The Auburn University Speech and Hearing Clinic (“the Clinic”), its faculty, student clinicians, staff, contractors and volunteers (collectively, “Clinic Faculty and Staff”) share in a commitment to legal, ethical and professional conduct in everything we do. As Clinic Faculty and Staff, we support these commitments in our work each day, whether we care for patients, order supplies, keep records, pay bills or make decisions about the future of the organization. The Clinic’s success as a provider of healthcare services depends on us - our personal and professional integrity, our responsibility to act in good faith, and our obligation to do the right things for the right reasons. As Clinic Faculty and Staff, students and volunteers, we are responsible for supporting legal compliance in every aspect of our workplace behavior.

### The Clinic Code of Conduct:

The Code of Conduct is a vital part of how we achieve our mission and vision. It provides guidance to ensure that our work is accomplished in an ethical and legal manner. It emphasizes our common culture of integrity and our responsibility to operate with the highest principles and ethical business standards as we strive to care for our patients and each other with respect, honesty, compassion, teamwork and excellence.

The Code of Conduct applies to everyone at the Clinic from entry-level employees, to volunteers and contractors, to executive staff. I understand that the Code of Conduct supplements specific policies and procedures that may apply to my job. The Code of Conduct discusses the importance of:

- **Care Excellence:** providing quality, compassionate, respectful and clinically appropriate care to patients.
- **Professional Excellence:** maintaining ethical standards of healthcare and



business practices.

- **Regulatory Excellence:** complying with federal and state laws, regulations and guidelines that govern the healthcare services that we provide.

To confirm that each of us understands and accepts responsibility for abiding by the Clinic's Code of Conduct, every Clinic Faculty and Staff member, including volunteers and contractors, are required to read this Code of Conduct, and sign and return the Commitment to Compliance on the last page.

Of course, no single resource can answer every question or cover every concern we may encounter at work. We all should be guided by our own good judgment and professional pride as well. **If I have concerns about the Code of Conduct or any moral, legal or ethical issue, I understand that I can talk with the Clinic Director.** If you need a religious accommodation that will prevent you from providing services to a particular client, you can request a religious accommodation using the following form. <https://cws.auburn.edu/shared/files?id=348&filename=AU%20Religious%20Accommodation%20Request%20Form%208.21%20UPDATED.pdf>

### A Shared Responsibility:

Because we are in the business of providing care to others, it is critical that each of us adheres to appropriate standards of behavior. As individuals and as an organization, we are responsible to many different groups. We must act ethically and responsibly in our relations with:

- Our patients and their families
- Our colleagues and co-workers
- Nonaffiliated colleagues and customers
- Healthcare payers, including federal and state governments
- Regulators, surveyors and monitors
- Physicians
- Vendors and suppliers
- The community we serve

Any compromise in our standards could harm our patients, our coworkers and our organization. Like every healthcare organization, we must do business under very strict regulations and oversight. Fraud and abuse are serious issues. Sometimes even an innocent mistake can have significant penalties to our organization and to us. It is therefore imperative that we all know and understand our responsibilities. Clinic Faculty and Staff members participate in education and training about the Code of Conduct and the compliance responsibilities of their jobs. Supervisors and managers must consistently reinforce the Code of Conduct to make sure Clinic Faculty and Staff comply with the state and federal laws.

As we each are responsible for following the Code of Conduct in our daily work, we are also each responsible for enforcing it. This means that we are expected to report any problems we observe.



**I understand that if I observe or suspect a situation that I believe may be unethical, illegal, unprofessional or wrong, or if I have any clinical, ethical or financial concern, I MUST report it to Clinic Director. I understand that I will not be disciplined for reporting a situation that I suspect to be unethical, illegal, unprofessional or wrong, regardless of whether the Clinic ultimately determines that the situation was handled properly.**

Reporting a situation, even if we are uncertain about whether the situation was handled properly, will ultimately help the Clinic. By reporting the situation, we inform Clinic management of areas in which training may be required, either because the situation was not handled properly or because it is unclear how to handle the situation. Training will help the Clinic avoid future problems. Also, if the situation was not handled properly, the Clinic wants to do the right thing and correct the error. The sooner a problem is identified, the easier it is to correct without serious legal consequences. Although we may feel uncomfortable about reporting a situation, it is best for the Clinic.

#### Care Excellence - Our First Priority:

At the Clinic, our most important job is providing quality care to our patients. This means offering compassionate support to our patients and working towards the best possible outcomes, while following all healthcare rules and regulations. We care for people who are especially vulnerable; they may have a language barrier, legal status issues, financial inabilities, physical restrictions because of illness, injury or disease, or many other vulnerabilities. It is our responsibility to respect, protect and care for them with compassion and skill.

#### Patients' Rights:

Patients receiving healthcare services have clearly defined rights. To honor these rights, we must:

- Provide the same quality care to everyone, regardless of race, color, age, religion, national origin, gender, sexual orientation or disability.
- Treat all patients with compassion, courtesy, professionalism and respect.
- Protect all aspects of the patient's privacy and confidentiality.
- Obtain written permission from the patient or their legal representative before releasing personal, financial or medical information to anyone outside the Clinic.
- Limit access to medical and other records only to the employees, student clinicians, physicians or other healthcare professionals who need the information to do their job.
- Respect the rights of patients to participate in decisions about their care.
- Respect the right of patients to access their medical records as requested.
- Recognize that patients have the right to consent to or refuse care.

#### Providing Quality Care:

As employees and as an organization, our primary commitment is to provide the care, services and products necessary to help the patient reach or maintain his or her highest possible level of physical, mental and psychological well-being. To meet this standard of care, we:



- Develop interdisciplinary plans of care for patients whenever appropriate.
- Constantly assess goals to ensure that the ongoing needs of our patients are being met.
- Provide only medically necessary services and products.
- Confirm that services and products are within accepted standards of practice for the patient's condition.
- Ensure that services and products are reasonable in terms of frequency, amount and duration.
- Measure clinical outcomes and patient satisfaction to confirm that quality care goals are met.
- Provide accurate and timely clinical and financial documentation and record keeping.
- Ensure that only properly licensed and credentialed providers with the appropriate background, experience and expertise provide (and supervise as appropriate) patient care.

### Gifts from Patients:

Sometimes grateful patients and their families offer gifts to employees. However, accepting a gift, gratuity or tip could give the impression that we are favoring a patient or giving him or her special care. A patient with dementia might try to give away a precious heirloom without understanding what he or she is doing. Therefore, it is the Clinic's policy that Clinic Faculty and Staff, including students and volunteers, should refuse all personal monetary gifts, gratuities or tips from patients and return them if they are given. It is acceptable to receive food, gift baskets, flowers, etc. Monetary donations in the form of cash, check, money order, or gift card are acceptable to the organization, but not as an individual gift to any one member of the Clinic's Staff.

### Billing Practices:

The Clinic is committed to ethical, honest billing practices, and we expect every Clinic Faculty and Staff member to be vigilant in maintaining these standards at all times. The Clinic will not tolerate any deliberately false or inaccurate billing. Any Clinic Faculty and Staff member who knowingly submits information that he or she knows to be false in connection with any invoice, billing or financial report, or other claim to any payer - public or private - is subject to dismissal. In addition, legal or criminal action may be taken.

Even an innocent misunderstanding, careless mistake or accidental error can have serious consequences for the Clinic. Therefore, we must always be very careful when we prepare billing documentation, and follow all procedures and instructions from state or federal regulatory agencies, fiscal intermediaries and insurance carriers. For Clinic Faculty and Staff who are not directly involved in billing activities, maintaining

regulatory compliance includes providing accurate, timely and complete documentation of the services provided so that claims are based on the correct information.

False or fraudulent claims may include:

- Billing for services that were not provided or costs that were not incurred.
- Duplicate billing - that is, billing for the same item or service more than once.
- Billing for items or services that are not medically necessary.
- Changing a code, or selecting an inappropriate code, to increase reimbursement.
- Providing false or misleading information to Medicare about a patient's condition or eligibility.
- Failing to identify and refund credit balances.
- Submitting bills without appropriate supporting documentation.

I understand that if I suspect or observe that false claims are being submitted, I must immediately report the situation to a supervisor.

### Referrals and Kickbacks:

Clinic Faculty and Staff often have close associations with other local healthcare providers and referral sources. To demonstrate ethical business practices, we must make sure that all relationships with these professionals are open, honest and legal.

The Clinic accepts patient referrals based solely on clinical needs and our ability to provide the services required by the patient. The Clinic makes referrals based solely on clinical needs. We never solicit, accept or offer kickbacks of any kind.

A kickback is an item or service of value that is received in exchange for a business decision, such as a patient referral. Kickbacks can include any item or service of value, including cash, goods, supplies, gifts, "freebies" or bribes. Accepting kickbacks is against the law, as well as prohibited by the Clinic's own policies and procedures.

\*Clinic Faculty and Staff cannot request, accept, offer, or give any item or service that is intended to influence - or even appears to influence - a healthcare service paid for by any private or commercial healthcare payer, or federal or state healthcare program, including Medicare, Medicaid, CHAMPUS, and the VA.

### Government Investigations:

It is the Clinic's policy to cooperate fully with all government investigations, surveys and evaluations. These investigations are part of the healthcare environment today, and the procedures for cooperating with these investigations can be complicated.

In complying with Clinic policy, I must not:

- Lie or make false or misleading statements to any government investigator, surveyor or evaluator.
- Destroy or alter any record or document in anticipation of a request from the government or court.
- Attempt to persuade another employee or any person to give false or misleading information to a government investigator, surveyor, or evaluator.
- Be uncooperative with any government investigator, surveyor or evaluator.



I realize that by lying or attempting to cover up any actions being investigated, I may make the ultimate outcome worse for the Clinic. Errors may occur, and it is best to acknowledge the facts when asked, even if it is uncomfortable or embarrassing to do so.

I have received a copy of the Clinic's Code of Conduct. I understand that I have an obligation to read it, and I agree to abide by its principles. I have had the opportunity to ask any questions about any part of the Code of Conduct I did not understand, and I understand the principles in the Code. I further agree to conduct myself in an ethical, legal and responsible manner at all times.

I also agree to keep this booklet for future reference. I understand that if I have questions or concerns about its content or other Clinic policies, I will ask for clarification from the Clinic Director.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Please sign and return this form to the Clinic Coordinator.*

**This Code of Conduct applies exclusively to the Clinic and not to Auburn University as a whole or its subsidiary organization.**

## Essential Functions for Admission and Matriculation of an SHLS Graduate Program

The Essential Functions for admission to and continued enrollment in the Speech, Language, and Hearing Sciences (SLHS) graduate program reflect the qualities and abilities that are deemed critical for success as an independent clinician upon graduation. Students must agree that they exhibit these standards for admission and matriculation through the program. If a student is unable to demonstrate these standards, with or without reasonable accommodation, then the student will be dismissed from the program.

Auburn University and the SLHS graduate programs adhere to the Americans with Disabilities Act of 1990, ADA Amendments Act of 2008, and Section 504 of the Rehabilitation Act of 1973. We are committed to assisting students with identified disabilities who are able to complete a graduate program with reasonable accommodations. However, the SLHS faculty reserve the right to not admit applicants or discontinue enrollment of students in cases where reasonable accommodations are not available to allow successful completion of program requirements. Reasonable accommodations are those deemed to not alter the fundamental nature of an SLHS graduate program.

Upon admission to a SLHS graduate program, all students must sign a form acknowledging that they have read and understand the essential Functions listed below:

### Communication Skills

A student must demonstrate adequate communication skills to communicate proficiently with faculty, staff, peers, client, caregivers, and other healthcare professionals in both verbal and written English language.

#### Verbal Communication

The student must be able to:

- Produce English phonemes with 90% accuracy
- Model specific phonemes, grammatical features, or other aspect of speech and language for a client or caregiver
- Use appropriate volume, rate, and prosody when speaking
- Use Mainstream English
- Explain all aspects of clinical evaluation, treatment, and recommendations
- Answer questions or clarify the information when needed

#### Written Communication

The student must be able to:

- Possess reading skills sufficient to meet academic and clinical responsibilities
- Prepare grammatically correct assignments and reports
- Present content in organized manner with professional writing style
- Proofread and edit written work

## Non-verbal Communication

The student must be able to:

- Use the appropriate amount of eye contact and facial expression for the communication intent
- Detect and process non-verbal communication from clients, caregivers, supervisors, and other professionals

## Physical Abilities/Motor Skills

Students must be physically able to:

- Manipulate technology, equipment, tests, materials, and toys in a timely and effective manner
- Demonstrate the fine and gross motor skills necessary to execute evaluation and treatment for all disorders within our scope of practice
- Meet the physical demands across clinical settings (i.e. sitting on the floor, standing for long periods of time, holding infants, picking up and/or carrying small children, assisting ambulatory patients in walking, pushing a wheelchair and assistance/transfer, etc.).
- Manage behavior of non-compliant client
- Respond quickly to facilitate a safe environment in emergency situations
- Perform CPR (if the setting allows it and the student is certified)
- Consistently attend and engage in class, clinical sessions, and meetings
- Care for their own personal hygiene
- Access reliable transportation to and from all academic and clinical settings.

## Sensory/Observational Abilities

Students must have sufficient visual and auditory skills to participate effectively in academic and clinical settings.

Students must have adequate **vision** (aided or unaided) to:

- Evaluate non-verbal communication
- Complete physical examinations (i.e. otoscopy, oral-peripheral exam, swallowing evaluation)
- Analyze speech production errors
- Process written or visual materials
- Visualize and identify anatomic structures
- Identify and discriminate findings on imaging studies
- Discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests
- Read text, diagnostic tests, equipment, and documentation
- Complete documentation on a computer (Electronic Medical Record).

Students must have adequate **hearing** (aided or unaided) in order to:

- Accurately administer and score diagnostic tests
- Discern subtle phonemic differences
- Hear an emergency alert to safely assist the clients



## Emotional/Mental Health

Students must have the emotional health to interact with faculty and staff members, fellow students, other health professionals, as well as patients and their caregivers. Thus, students must be able to:

- Maintain composure, emotional stability, and a mature, positive attitude in intense and stressful situations
- Make timely and appropriate decisions
- Recognize personal values, attitudes, beliefs, emotions, and/or experiences affect perceptions and relationships with others and prevent these from interfering academic or clinical work
- Respond with empathy and put clients at ease when they are experiencing or report stressful situations
- Remain free from substance abuse that could interfere with academic or clinical work

## Intellectual/Cognitive Abilities

Students must be able to:

- Process auditory and written information in academic and clinical courses at a level deemed appropriate by faculty and professional staff.
- Comprehend, memorize, integrate, analyze, synthesize, retain and apply material in academic and clinical settings.
- Exhibit the reasoning and decision-making skills needed for problem solving appropriate to the field.
- Identify, understand, integrate, and synthesize a large body of information and knowledge to analyze complex client problems.
- Maintain attention and concentration for sufficient time to complete academic and clinical tasks (e.g., up to 4-hour blocks of time in clinical practice with one or two breaks.)
- Critically evaluate information, solve problems, reason, and make clinical judgments in assessment and treatment plans.
- Use logic and reasoning to identify strengths and weaknesses of possible courses of actions.
- Self-assess clinical and academic performance and reflect on performance accurately
- Solicit and respond appropriately to feedback
- Recognize the changing levels/roles of supervision as competence grows or settings change

## Professional Skills

To succeed in the program, the student must be able to:

- Demonstrate flexibility in new and stressful environments
- Comply with the AL and ASHA Code of Ethics
- Comply with the university's academic integrity policy
- Accept feedback and respond by modification of behavior
- Dress appropriately and professionally (dependent on the setting)
- Respect faculty, staff, and peers
- Maintain confidentiality of client/patient information and follow HIPAA guidelines



- Demonstrate honesty, integrity, and professionalism, regardless of the situation
- Demonstrate appreciation and respect for individual, social, and cultural differences in clients, fellow students, colleagues, and staff
- Prioritize academic and clinical responsibilities and activities
- Arrive on time and prepared to classes and clinic
- Provide documentation in a timely manner

## Essential Functions Administrative Processes

As a condition of accepting an offer of admission, all entering students are required to review, and must agree to adhere to all SLHS Standards, Policies and Codes of Conduct, which includes these Essential Functions. If a student cannot adhere to these Essential Functions, he/she should contact the Clinic Coordinator to initiate the accommodations process as soon as possible. If the student's abilities change during the program, they should contact the Clinic Coordinator in writing as soon as possible to begin the process.

The Clinic Coordinator will refer all individuals requesting accommodations to the Office of Accessibility (OA), which will evaluate and make a decision on each request. If accommodations are recommended by OA, a SHLS faculty panel will review the requests and provide recommendations to the OA regarding the feasibility of specific student requests for accommodations. The faculty panel will include the following individuals:

- AUSHC Clinic Director
- Clinic Coordinator for the student's discipline
- Graduate Program Officer for the student's discipline
- One additional clinical faculty member (annually appointed faculty member)

The faculty panel will evaluate specific accommodation requests and provide recommendations to the OA regarding the feasibility and reasonableness of requested accommodations. A specific focus in the evaluation of accommodation requests will be whether or not the requested accommodation will fundamentally alter the nature of the student's SHLS graduate program and the student's ability to succeed in an SHLS career.

At any point during the program, the SHLS faculty panel can reconvene to review the use of accommodations, if it is affecting the student's performance or progress at on- or off-campus clinical practicums. The clinical grading form and CAA/CFCC standards are the guiding tools to determine the demonstration of a student's Essential Functions. Evaluation of non-academic traits do involve some degree of subjectivity.

Other situations regarding the Essential Functions may include the following:

- Prospective students inquiring about admission to the SLHS graduate programs and noting that they need an accommodation to meet the standards.
- Applicants who have been admitted and subsequently request an accommodation.
- Enrolled students who become unable to meet the Essential Functions (based on student or faculty concerns) Changes in abilities could be due to an accident, illness, or newly diagnosed medical condition.



The OA will communicate to the student decisions regarding accommodation requests. In cases where a request is approved, SHLS will work with the OA to implement the approved accommodation. In cases where accommodation requests are denied, a decision will be made by the Faculty Panel regarding whether the student is dismissed from the SHLS for not being able to meet the Essential Functions or is allowed to continue in the Program without the denied accommodation. This decision will be communicated by the Clinical Director.

\*Students will not be given a clinical placement or receive clinical hours until the accommodations process is complete.

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Printed Name

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Signature

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Date



## Audio Recorder Procedures

1. Only AUSHC audio recorders may be used for recording clients.
  - a. Cell phones are not to be used for recording.
  - b. Personal recording equipment is not to be used for recording.
2. Audio recorders must be checked in and out from Mrs. Piazza.
  - a. Students are responsible for signing the devices in and out (name, number of recorder, date/time checked in and out).
3. Audio recorders that are not checked back in by 5:00pm must be secured overnight in the locked filing cabinet in the clinician's room. The student is responsible for returning the audio recorder to the front office staff at 7:30am the next morning.
4. Recorders may not be passed from student to student.
5. Students should delete recordings after they are no longer needed. Remaining recordings will be deleted at the end of the semester unless specified by the student.
6. Audio recorders must remain in the AUSHC.
7. **Do not upload audio or video files to an external source.**
8. **Audio recorders must be sanitized prior to returning to the front office, to sanitize, carefully wipe clean (but do not saturate) with a Clorox wipes. Allow recommended amount of time to dry prior to returning the front office.**

This policy is in place to ensure the clinic is following HIPAA rules/regulations. Any student found to be in breach of this policy will incur a 10-point deduction from his/her total clinic grade and will face disciplinary action with the HIPAA committee in accordance with the SLHS HIPAA Disciplinary Action Guidelines. Failure to return the recorder based on the specifications listed above will result in restricted access to audio recording equipment.



AUBURN UNIVERSITY

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COLLEGE OF LIBERAL ARTS



## AUBURN UNIVERSITY SPEECH AND HEARING CLINIC

### PRIVACY POLICY FOR REMOVAL AND TRANSPORT OF PHI WITH ELECTRONIC DEVICES AND PHONES

The purpose of this policy is to set forth standards for the use, removal and transport of protected health information (PHI) and personal information (PI) in all forms, written, spoken, electronically recorded, or printed, within the Auburn University Speech and Hearing Clinic (AUSHC).

#### RESPONSIBILITY OF CONFIDENTIALITY

I understand and agree to maintain and safeguard the confidentiality of privileged information of the Auburn University Speech and Hearing Clinic. I realize it is the responsibility of the individual at the AUSHC to provide a secure setting for PHI and PI, and that the Department of Speech-Language and Hearing Sciences, in conjunction with the AUSHC, will be responsible for maintaining ongoing training to ensure the individual is informed. Further, I understand that any unauthorized use or disclosure of information residing in the AUSHC may result in disciplinary action consistent with the policies and procedures of federal, state, and local agencies.

#### PORTABLE DEVICE POLICY

PHI should never be stored on, or accessed from, an individual's personal device such as a cell phone, laptop or thumb drive. All AUSHC-related reports should be completed on the clinic computers provided and within the electronic health records system. Any student found to be in breach of this policy may face disciplinary action.

My signature below indicates that I have read and understood the information in this policy.

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Student Name

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Student Signature

---

Date



## AUBURN UNIVERSITY SPEECH & HEARING CLINIC POLICIES FOR PATIENT CONFIDENTIALITY

### REPORTS and WRITTEN DOCUMENTATION:

1. All records and reports concerning a client are considered confidential and will be entered in the client's electronic health records in Point and Click.
2. Client records, test results, and data (e.g. case history forms, test forms, etc.) cannot be removed from the physical area occupied by the Auburn University Speech and Hearing Clinic.
3. Letters and/or reports may be sent to agencies or individuals upon request and the signing of the Authorization Form and the Permission to Contact and Discuss Form.
4. Student clinicians must prepare reports in the clinic or in a private location on their personal computer.
5. Student clinicians are prohibited from removing audio recorders from the AUSHC.
6. During the evaluation report preparation process, the patient's chart must be stored in the file cabinet in the locked student clinician room.
7. Any discarded written documentation/reports must be shredded. A collection container for shredding is located in the student clinician room.
8. Graphs and materials must not contain any identifying information and be kept in the Box folder.
9. Clinicians must restrict conversations about patients, treatment sessions, and evaluations to the clinicians' room, the supervisor's office, the treatment room, the observation room, or the evaluation room. Clinicians are strongly advised against discussions about patients in the hallways, the lobby, the front office, or other public places. When discussing a client in the clinicians' room or in a class, the clinician should not include identifying information.
10. Student clinicians must comply with the Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule").
  - a. The "Privacy Rule" establishes a set of national standards for the protection of certain health information.
  - b. The U.S. Department of Health and Human Services issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.
  - c. The "Privacy Rule" protects all "*individually identifiable health information*" (protected health information) held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral.
  - d. Individually identifiable health information includes many common identifiers, as indicated in the following table:

## HIPPA De-Identification Guidelines

(2) (i) The following identifiers of the individual or of relatives, employers, or household members of the individual, are removed:

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| (A) Names                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                     |
| (B) All geographic subdivisions smaller than a state, including street address, city, county, precinct, ZIP code, and their equivalent geocodes, except for the initial three digits of the ZIP code if, according to the current publicly available data from the Bureau of the Census:<br>(1) The geographic unit formed by combining all ZIP codes with the same three initial digits contains more than 20,000 people; and<br>(2) The initial three digits of a ZIP code for all such geographic units containing 20,000 or fewer people is changed to 000 |                                                     |
| (C) All elements of dates (except year) for dates that are directly related to an individual, including birth date, admission date, discharge date, death date, and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older                                                                                                                                                                                                         |                                                     |
| (D) Telephone numbers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (E) Fax numbers                                     |
| (F) Email addresses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (G) Social security numbers                         |
| (H) Medical record numbers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (I) Health plan beneficiary numbers                 |
| (J) Account numbers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (K) Certificate/license numbers                     |
| (L) Vehicle identifiers and serial numbers, including license plate numbers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (M) Device identifiers and serial numbers           |
| (N) Web Universal Resource Locators (URLs)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (O) Internet Protocol (IP) addresses                |
| (P) Biometric identifiers, including finger and voice prints                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (Q) Full-face photographs and any comparable images |
| (R) Any other unique identifying number, characteristic, or code, except as permitted by paragraph (c) of this section [Paragraph (c) is presented below in the section “Re-identification”]; and                                                                                                                                                                                                                                                                                                                                                              |                                                     |

(ii) The covered entity does not have actual knowledge that the information could be used alone or in combination with other information to identify an individual who is a

subject of the information.



Dept. of SLHS HIPAA Disciplinary Action Guideline for Violations of HIPAA by M SLP Students

| Type of Violation                                                                                                                                                                                              | Process                                                                                                                                                                                                                                                                                                                                          | Corrective Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Notification                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>I. Inadvertent or accidental breaches of confidentiality that may or may not result in the actual disclosure of patient information</p> <p>*Example: Sending/faxing information to an incorrect address</p> | <ul style="list-style-type: none"><li>• *Incident Report (IR) generated clinical or academic faculty</li><li>• HIPAA Compliance Officer (HCO) and Chair present IR to Student with plan for corrective action to include re-education and performance improvement plan</li><li>• IR sent to HCO for tracking across student curriculum</li></ul> | <ul style="list-style-type: none"><li>• <b>1<sup>st</sup> offense:</b> Face-to-face meeting with the HCO to review relevant policy</li><li>• <b>2<sup>nd</sup> offense:</b> Repeat 1<sup>st</sup> offense remediation; patient encounter grade may be lowered (SLP)</li><li>• <b>3<sup>rd</sup> offense:</b> Repeat 1<sup>st</sup> offense remediation and <b>Clinic grade lowered by one letter grade</b></li><li>• <b>4<sup>th</sup> offense:</b> Repeat 1<sup>st</sup> offense remediation and <b>failure of clinic course which may result in delay of graduation.</b></li></ul> | <ul style="list-style-type: none"><li>• Incident Report (IR) generated by faculty for HCO</li><li>• HCO tracks across student curriculum</li></ul> |
| <p>II. Failure to follow existing policies/procedures/guidelines governing patient/client confidentiality</p> <p>*Examples: Talking about clients in areas where others might hear;</p>                        | <ul style="list-style-type: none"><li>• *Incident Report (IR) generated clinical or academic faculty</li></ul>                                                                                                                                                                                                                                   | <ul style="list-style-type: none"><li>• <b>1<sup>st</sup> offense:</b> Face-to-face meeting with the HCO to review relevant policy;</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"><li>• Incident Report (IR) generated by faculty for HCO</li><li>• HCO tracks across</li></ul>                    |



|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |
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| failure to obtain appropriate consent to release information; failure to fulfill training requirements; leaving the clinic with PHI; emailing PHI to your supervisor or others within the clinic; inappropriate disposal of PHI | <ul style="list-style-type: none"><li>• HIPAA Compliance Officer (HCO) and Chair present IR to Student with plan for corrective action to include re-education and performance improvement plan</li><li>• IR sent to HCO for tracking across student curriculum</li></ul> | establish performance improvement plan; HIPAA training recertification; patient encounter grade may be lowered at the discretion of the clinical supervisor <ul style="list-style-type: none"><li>• <b>2<sup>nd</sup> offense:</b> Repeat 1<sup>st</sup> offense remediation and <b>Clinic grade lowered by one letter grade</b></li><li>• <b>3<sup>rd</sup> offense:</b> Repeat 1<sup>st</sup> offense remediation and <b>failure of clinic course which may result in delay of graduation.</b></li><li>• <b>4<sup>th</sup> offense:</b> <b>Dismissal from the graduate program</b></li></ul> | student curriculum                                                                                                  |
| III. Intentionally accessing a patient/client's record without a need to know.<br><br>Examples*: Accessing the record for curiosity or any other reason WITHOUT a legitimate reason to know (i.e., direct care of that          | <ul style="list-style-type: none"><li>• *Incident Report (IR) generated clinical or academic faculty</li></ul>                                                                                                                                                            | <ul style="list-style-type: none"><li>• <b>1<sup>st</sup> offense:</b> Face-to-face meeting with the HCO to review relevant policy; establish</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"><li>• HCO</li><li>• Clinical Coordinator</li><li>• Chair</li><li>• Dean</li></ul> |



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| <p>patient/client) INCLUDING records of friends; family members; clients of another student; clients you have previously cared for as a student or an employee but are not caring for them now; accessing a client's PHI for another student; Asking another student to access a client's PHI; Allowing another student to see or use any information from your client SOAP notes of evaluation reports.</p> | <ul style="list-style-type: none"><li>• HIPAA Compliance Officer (HCO) and Chair present IR to Student with plan for corrective action to include re-education and performance improvement plan</li><li>• IR sent to HCO for tracking across student curriculum</li></ul>        | <p>performance improvement plan; HIPAA training recertification; <b>Clinic grade lowered by one letter grade</b></p> <ul style="list-style-type: none"><li>• <b>2<sup>nd</sup> offense:</b> Repeat 1<sup>st</sup> offense remediation and <b>failure of clinic course which may result in delay of graduation.</b></li><li>• <b>3<sup>rd</sup> offense:</b> Dismissal from graduate program</li></ul> |                                                                                                                     |
| <p>IV. Intentionally accessing and using patient information for personal use or gain or to harm another individual</p> <p>Examples*: Accessing PHI for reasons that could include obtaining PHI for recruiting clients to another clinic or for marketing for personal gain.</p>                                                                                                                            | <ul style="list-style-type: none"><li>• *Incident Report (IR) generated clinical or academic faculty</li><li>• HIPAA Compliance Officer (HCO) and Chair present IR to Student with plan for corrective action to include re-education and performance improvement plan</li></ul> | <ul style="list-style-type: none"><li>• <b>1<sup>st</sup> offense:</b> Face-to-face meeting with the HCO to review relevant policy; establish performance improvement plan; HIPAA training recertification; <b>Failure of clinic course which may result in delay of graduation.</b></li><li>• <b>2<sup>nd</sup> offense:</b> Dismissal from</li></ul>                                                | <ul style="list-style-type: none"><li>• HCO</li><li>• Clinical Coordinator</li><li>• Chair</li><li>• Dean</li></ul> |



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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <ul style="list-style-type: none"><li>IR sent to HCO for tracking across student curriculum <b>AND</b> Failure of clinical/Failure of course <b>OR</b> Dismissal from the SLHS Graduate program</li></ul> | <b>graduate program</b>                                                                                                                                                                                                                                                                                                                                             |                                                                                                             |
| <p>V. E-mailing OR posting client PHI on any form of electronic device OR social media</p> <p>Examples*: Sending any form of PHI (image, information, video) or other images, information, videos taken in the clinical setting via email or text; Posting any form of PHI (image, information, video) or other images, information, videos taken in the clinical setting on any form of social media including but not limited to Facebook, LinkedIn, Twitter, Snapchat, etc.; Emailing SOAP notes or posting client PHI to any other site than Practice Perfect</p> | <ul style="list-style-type: none"><li>*Incident Report (IR) generated</li><li><b>AND</b></li><li>Failure of clinical/Failure of course <b>OR</b></li><li>Removal from the SLHS Graduate program</li></ul> | <ul style="list-style-type: none"><li><b>1<sup>st</sup> offense:</b> Face-to-face meeting with the HCO to review relevant policy; establish performance improvement plan; HIPAA training recertification; <b>failure of clinic course which may result in delay of graduation.</b></li><li><b>2<sup>nd</sup> offense:</b> Dismissal from graduate program</li></ul> | <ul style="list-style-type: none"><li>HCO</li><li>Clinical Coordinator</li><li>Chair</li><li>Dean</li></ul> |

\*Examples are not all inclusive